

28 JUN 1961

DERBYSHIRE EDUCATION COMMITTEE

REPORT

OF THE

Principal School Medical Officer

ON THE

***Health & Well-being
of School Children***

FOR THE

Year ended 31st December, 1960

J. B. S. MORGAN,
B.Sc., M.B., B.Ch., L.R.C.P., M.R.C.S., D.P.H.,
Principal School Medical Officer.

Derbyshire County Council

*With the Compliments
of the
County Medical Officer*

*County Offices
Mutton*



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A Joint Medical Service Sub-Committee deals initially with matters which are the joint concern of the Education Committee and the County Health Committee. At 31st December, 1960, its membership was as follows :—

Representing the County Health Committee :

ALD. MRS. E. HARRISON (Chairman)
ALD. MRS. F. E. SHIPLEY
ALD. MRS. D. M. SUTTON
COUN. N. B. BANKS

Representing the Education Committee :

ALD. MRS. G. BUXTON, C.B.E., J.P.
ALD. MRS. O. EDEN, J.P.
ALD. F. A. GENT, M.A.
ALD. J. B. HANCOCK

ANNUAL REPORT

of the **PRINCIPAL SCHOOL MEDICAL OFFICER**
on the **Health and Well-being of School Children** for
the **Year ended 31st December, 1960.**

**To the Chairman and Members of the
Derbyshire Education Committee**

Ladies and Gentlemen,

I have the honour to present my seventeenth Annual Report on the health and well-being of children attending schools maintained by the Derbyshire Education Authority.

There has been a consistent increase in the school population each year since 1946, when it was 82,895, until 1958, when it was 119,792. In 1959, for the first time since the end of the second World War, it declined as compared with the previous year, that is, to 118,520, and then again in the year under review to 117,732. This result is really the long-term effect of the high birth-rate that occurred in 1943 and 1944 followed by a lower rate in 1945 (see page 19) and the raising of the school leaving age in 1947. The higher rates that occurred in 1946 and 1947 suggest that the school population is likely to go up temporarily during the next two years.

If school medical inspections are to be carried out adequately these variations in the school population should be borne in mind. Your attention is drawn to the details of the establishment for school medical officers on page 11, where it will be seen that the Authority at the end of 1960 were employing the equivalent of nearly fifteen whole-time medical officers with almost five posts unfilled.

The shortage of Dental Officers, Health Visitors and Speech Therapists continues nationally as well as locally, although its degree varies from one locality to another, but being generally less marked in the south of England, particularly in or near the metropolis and the coastal areas. The Education Committee, it is understood, gives every encouragement to pupils to embark on courses in dentistry and speech therapy and the County Health Committee to nurses and midwives to train as Health Visitors. Recently there has been a slightly increased number appointed to serve as Student Health Visitors, which I hope is a precursor to even better recruitment. A certain number of Health Visitors have been granted car allowances, which enables them to do more work. Since the end of the War, the following buildings have been erected, extended and modernised or where not purpose-built adapted for use as clinics :—

Dronfield—adapted in 1950
 Clowne—erected in 1955
 Hackenthorpe—erected in 1957
 Cathedral Road, Derby—erected in 1958
 Eckington—erected in 1960
 Brimington Road, Chesterfield—extended and modernised in 1960
 Chaddesden—erected in 1960
 Ripley—erected in 1960
 Staveley—extended and modernised in February 1961
 Bolsover—extended and modernised in February 1961
 Glossop—erected in March 1961

There is a new clinic in course of erection in Buxton to replace unsatisfactory improvised premises.

The progressive outlook of the Education and Health Committees in providing up-to-date clinics has helped not only to improve the service but has given the personnel greater joy and pride in their work.

While adapted premises help to bridge a gap when there is financial stringency or during war-time when labour is required in other spheres of activity, undoubtedly purpose-built premises are infinitely preferable, providing reasonable expenditure is allowed to the Architect to exercise his skill. As far as the County Council is concerned their actions have amply demonstrated that they give every encouragement to this view.

Health Education has loomed much larger during the year, particularly at the clinics, being backed not only by Health Topics supplied by the Central Council for Health Education and the General Dental Council but also by those designed and made by the County Council's own professional staff. The latter have shown much ingenuity, particularly Dr. Julia Corrigan, the Senior Medical Officer for School Health, Mr. Henry Gray, the Principal Dental Officer, Miss Mary Daybell, the Deputy Superintendent Health Visitor, and Miss Fleay, one of the clerical staff. It is impossible to divorce Health Education from health advice and treatment as it is always a constituent to a greater or lesser extent of both. Health Education has, therefore, been practised from time immemorial but takes on a new impetus every now and then, but not least in the year under review at the County Council's Clinics.

It is thought that this is an opportune occasion to quote from the Annual Report of the Chest and Heart Association for 1959/60, as follows :—

“Smoking is an old established custom, and today nearly twelve million men and over six million women in Britain are fairly heavy regular smokers. In 1952 an enquiry was held to find out the relationship between smoking and lung cancer.

The scientific results of this enquiry were interesting :—Among non-smokers, one death in every 300 was due to lung cancer. Whereas in those who smoked ten cigarettes a day, lung cancer accounted for one death in every twenty-five. In people who smoked twenty cigarettes a day, one death in every eight was due to lung cancer.

Nor is lung cancer, harmful though it is, the only bad result of smoking. Bronchitis is aggravated by smoking ; smoking depresses the appetite, and can also effect the heart, the arteries and the stomach. Taking everything into consideration, it can be said that the greatest single step we could take in making lung cancer less common would be to teach our young people not to smoke."

Alderman F. A. Gent, the Chairman of the Education Committee, as well as Alderman Mrs. E. Harrison, the Chairman of the County Health Committee, who is also the Chairman of the Joint Medical Services Sub-Committee, have been most helpful in persuading their Committees to agree to schemes for expanding and improving the Health Service. Mr. J. Longland, the Director of Education, and his staff have co-operated most understandingly in the arrangements for providing an efficient School Health Service and I must also pay tribute to the assistance I have received from the staff of my own Department, but not least Dr. V. J. Woodward, my Deputy, Mr. Gray, the Principal Dental Officer, Dr. Julia Corrigan, the Senior Medical Officer for School Health, Miss Lloyd and Miss Daybell, the respective Superintendent and Deputy Supertindent Health Visitors, Mr. Rowley, the Public Health Inspector, and Mr. E. W. Dilks, the Chief Clerk, all of whom have contributed most conscientiously and loyally to maintaining and expanding the School Health Service.

I am,

Your obedient Servant,

J. B. S. MORGAN,

Principal School Medical Officer.

*County Offices,
Matlock.*

(Telephone : Matlock 3411).

5th April, 1961.

GENERAL INFORMATION AND STATISTICS

Area and Population of Administrative County.

	Municipal Boroughs	Urban Districts	Rural Districts	Totals
Number of Sanitary Districts	4	16	9	29
Area in acres	21,149	76,916	537,391	635,456
Population, Mid-1960 ..	139,490	229,170	372,650	741,310

Primary and Secondary Schools.

Divisional Executive	Types of Schools and Numbers	Average No. on Registers
North-west	Primary .. 80	8,229
	Secondary .. 16	5,904
North-east	Primary .. 117	20,502
	Secondary .. 34	13,326
Mid-Derbyshire ..	Primary .. 77	15,425
	Secondary .. 19	2,413
South-east	Primary .. 62	10,250
	Secondary .. 15	7,974
South	Primary .. 102	13,121
	Secondary .. 18	8,452
Chesterfield	Primary .. 26	5,913
	Secondary .. 13	6,223
Total — Whole Administrative County	Primary .. 464	73,440
	Secondary .. 115	44,292

Nursery Schools and Nursery Classes.

Divisional Executive	Number of Schools or Classes	Approx. No. on Registers
North-west	Schools .. 1	40
	Classes .. 1	22
North-east	Schools .. 1	40
	Classes .. 6	139
South-east	Classes .. 2	64
Chesterfield	Classes .. 9	333

Special Schools.	<i>Approx. No. on Registers</i>
Ashgate Croft (E.S.N. Mixed) Day Special School, Chesterfield	160
Brambling House Open Air School and Children's Centre, Chesterfield	125
Bretby Orthopaedic Hospital Special School, Bretby	45
John Duncan (E.S.N. Girls') School, Buxton ..	45
Overseal Manor (E.S.N. Boys') School	44
Talbot House, Glossop (Cerebral Palsy)	23
The Brackenfield Day Special School (E.S.N., Mixed), Long Eaton	100

Boarding Homes for Maladjusted Pupils.

Holly House, Chesterfield	12
Stretton House, Stretton	22

New Schools.

The following new schools were opened during the year :—

<i>North East Division.</i>	<i>Date of Opening</i>
Shirebrook, The Park C. Junior Mixed ..	4th May.
Dronfield, The Gladys Buxton C. Secondary	6th September.
<i>Mid-Derbyshire Division.</i>	
Ripley, Benjamin Outram C. Secondary ..	27th April.

Schools closed during the Year.

<i>North East Division</i>	<i>Date of Closure</i>
Shirebrook, Langwith Road C. Infants ..	12th April.
Staveley, Barrow Hill C. Secondary Boys	22nd July.
<i>Mid-Derbyshire Division.</i>	
Alfreton, Copthorne C. Infants	5th January.
Alfreton, Ironville and Codnor Park C. Infants	27th April.
Ripley, C. Senior Boys	27th April.
Ripley, C. Senior Girls	27th April.
Pentrich, C. J.M. & I.	5th September.
<i>South Division.</i>	
Cubley V.C. J.M. & I.	2nd May.

Births and their effect on school population.

The number of pupils attending maintained primary and secondary schools shown above has increased in recent years and from 1946 onwards the following Table gives the position annually :—

1946 .. 82,895	1954 .. 112,021
1947 .. 87,107	1955 .. 114,744
1948 .. 91,875	1956 .. 116,699
1949 .. 95,595	1957 .. 118,761
1950 .. 97,511	1958 .. 119,792
1951 .. 100,973	1959 .. 118,520
1952 .. 106,323	1960 .. 117,732
1953 .. 109,099	

These figures are a reflection of the births in the County during the preceding years as well as the raising of the school leaving age from 14 to 15 years in 1947. Below are set out the numbers of live births in the administrative county from 1940 :—

1940 ..	9,898	1951 ..	10,440
1941 ..	10,078	1952 ..	10,425
1942 ..	11,032	1953 ..	10,663
1943 ..	11,724	1954 ..	10,417
1944 ..	13,149	1955 ..	10,329
1945 ..	11,393	1956 ..	11,011
1946 ..	12,710	1957 ..	11,428
1947 ..	13,714	1958 ..	11,560
1948 ..	12,152	1959 ..	11,868
1949 ..	11,534	1960 ..	12,262
1950 ..	10,799		

Schemes of Divisional Administration.

(1) Under a Scheme of Divisional Administration approved by the Minister of Education on 25th June, 1945, the Administrative Area of the Authority (excluding the Borough of Chesterfield which is in an Excepted District) has been partitioned into five Divisions. So far as the School Health Service is concerned, it is a function of the various Divisional Executives to consider reports of the Principal School Medical Officer and to make, where necessary, recommendations to the Authority relating to that Service.

(2) The Borough of Chesterfield is an Excepted District for which the Divisional Executive is the Borough Council. A scheme of Divisional Administration made by the Borough Council was approved by the Minister of Education on 7th November, 1945. Briefly, the Borough Council exercises the following functions in respect of the Borough relating to the School Health Service in particular :—

(i) The duty of providing special educational treatment for those children who have been ascertained as needing such treatment.

(ii) The duty of carrying out the medical inspection of pupils in attendance at any school maintained by the Authority and securing that such pupils are enabled to receive free medical treatment in accordance with the arrangements made by the Authority.

(iii) The exercise of the duties relating to the power to ensure cleanliness.

(iv) The powers and duties relating to reports to local authorities under the Mental Deficiency Acts.

(v) The duty of carrying out the medical inspection of pupils receiving primary or secondary education otherwise than at school, and of securing that such pupils are enabled to receive free medical treatment in accordance with the arrangements made by the Authority.

(vi) Where an arrangement has been made between the Authority and the Proprietor of an Independent School in the Borough, the duty of carrying out the medical inspection of pupils in attendance at the school, and securing that the pupils are enabled to receive free medical treatment in accordance with the arrangements made by the Authority.

Staff.

The Ministry of Education requested a numerical return of the staff of the School Health Service on 31st December, 1960, and the following information was provided :—

STAFF OF THE SCHOOL HEALTH SERVICE

(excluding Child Guidance):—

Principal School Medical Officer J. B. S. Morgan
Principal School Dental Officer H. E. Gray

	Number of Officers	Numbers in terms of full-time officers employed in the School Health Service
(a) Medical Officers (including the Principal School Medical Officer)—*		
(i) Whole-time School Health Service	—	—
(ii) Whole-time School Health and Local Health Services ..	30	14.73
(iii) General Practitioners working part-time in the School Health Service ..	—	—
(b) Physiotherapists, Speech Therapists, etc. (Specify)—		
(i) Orthopaedic Physiotherapists ..	3	1.60
(ii) Speech Therapists ..	2	0.60
(c) (i) School Nurses	65	21.60
(ii) No. of above who hold a Health Visitor's Certificate ..	60	
(d) Nursing Assistants	15	10.50

*—All Medical Officers of the School Health Service other than those employed part-time for specialist examination and treatment only.

	Officers employed on a salary basis		Officers employed on a sessional basis	
	Number of Officers	Numbers in terms of full-time officers employed in the School Dental Service	Number of Officers	Numbers in terms of full-time officers employed in the School Dental Service
(e) Dental Staff:				
(i) Principal School Dental Officer ..	1	0 90	—	—
(ii) Dental Officers ..	6	4 00	—	—
(iii) Orthodontists (if not already included in (e) (i) or (e) (ii) above ..	—	—	—	—
Total ..	7	4.90	—	—
Total full-time .. equivalent (Col. 2 plus Col. 4)	4.90			
	Number of Officers		Numbers in terms of full-time officers employed in the School Dental Service	
(iv) Dental Attendants ..	9		7.8	

The following Table gives details of the staff during the year (including Child Guidance staff) :—

Staff	Proportion of whole-time (expressed as a percentage) devoted to	
	School Health Service	Public Health
PRINCIPAL SCHOOL MEDICAL OFFICER— J. B. S. Morgan, B.Sc., M.B., B.Ch., L.R.C.P., M.R.C.S., D.P.H.	15%	85%
DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER— V. J. Woodward, M.B., Ch.B., D.P.H.	30%	70%
SENIOR MEDICAL OFFICER FOR SCHOOL HEALTH— Julia M. D. Corrigan, M.B., B.Ch., B.A.O., D.P.H.	50%	50%
SENIOR MEDICAL OFFICER FOR MENTAL HEALTH— Margaret Fynne, B.A., M.B., B.Ch., B.A.O., L.M., D.P.H.	2½%	97½%
SCHOOL MEDICAL OFFICERS— Frances G. Brill, B.A., M.B., B.Ch., B.A.O. A. Chynoweth, L.R.C.P., M.R.C.S. (Commenced 1/2/60)	70%	30%
J. W. Crawshaw, M.B., Ch.B.	70%	30%
R. E. Dean, L.R.C.P.S., L.R.F.P.S.	70%	30%
J. Duthie, M.B., Ch.B.	70%	30%
Winifred Gow, M.B., Ch.B.	70%	30%
J. D. Hall, L.R.C.P., M.R.C.S., D.P.H. (Com- menced 1/6/60)	70%	30%
Alison M. Hamilton, M.B., Ch.B., D.P.H.	70%	30%
Tonie F. Haynes, M.B., Ch.B.	70%	30%
Emi y B. John, M.B., B.S., M.R.C.S., L.R.C.P. Margarete Kuttner, M.D.	70%	30%
D. R. McCaully, M.D., B.Ch., B.A.O., D.P.H. Margaret Muckart, M.B., Ch.B. (Commenced 13/12/60)	70%	30%
Margaret J. Nettleship, M.B., B.Ch., D.P.H. (Left 30/6/60)	70%	30%
G. J. O'Connor, M.B., B.Ch., B.A.O. (Left 31/10/60)	70%	30%
G. Storey, B.Sc., M.B., B.S., L.R.C.P., M.R.C.S. Teisi Urtson, Med-Dip., Univ. of Tartu	70%	30%
Mary T. Vass, L.R.C.P.I., L.R.C.S.I., L.M. (Left 28/7/60)	70%	30%
(4 and 8/11ths vacancies).		
PART-TIME SCHOOL MEDICAL OFFICERS— M. Allan, M.B., Ch.B., D.P.H.	20%	80%
W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	33%	67%
A. R. Robertson, M.B., Ch.B., D.P.H.	20%	80%
F. D. F. Steede, M.B., B.Ch., D.P.H.	27%	73%
Mary Stevens, M.B., Ch.B. (Commenced 15/12/60) Mary Sutcliffe, M.A., M.B., B.Ch., D.P.H.	25%	2%
P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	30%	70%
C. G. Woolgrove, M.B., Ch.B., D.P.H.	20%	80%
	27%	73%
BOROUGH SCHOOL MEDICAL OFFICER for Chesterfield Excepted District— J. A. Stirling, D.S.C., M.B., Ch.B., D.P.H.	24%	76%

Staff	Proportion of whole time (expressed as a percentage) devoted to	
	School Health Service	Public Health
SCHOOL MEDICAL OFFICERS for Chesterfield Excepted District—		
H. James, L.R.C.P., L.R.C.S., L.R.F.P.S.G., D.P.H.	72%	28%
Joan M. B. Leith, M.B., Ch.B., B.A.O., D.P.H. ..	28%	72%
CHILD GUIDANCE AND SPEECH THERAPY STAFF—		
CONSULTANT CHILDREN'S PSYCHIATRISTS—		
D. J. Salfield, B.Sc., M.D., D.P.M.	75%	7%
F. G. Thorpe, M.B., B.Ch., D.P.M. (From 8/8/60) (Both by arrangement with Hospital Authorities)	75%	7%
EDUCATIONAL PSYCHOLOGISTS—		
J. R. Fish, B.Sc.	25%	—
Miriam S. Flint, B.A. (Left 31/8/60) ..	25%	—
Grace M. Hamer, M.A. (Chesterfield Excepted District) ..	50%	—
Jean Ingham, B.A. (Chesterfield Excepted District)	50%	—
Mary P. Joyce, B.Sc. (Commenced 1/3/60) ..	25%	—
Phylis Lane, B.A.	25%	—
P. H. Priestley, M.A. (Commenced 1/3/60) .. (One vacancy). ..	25%	—
PSYCHOTHERAPIST—		
Coral L. Tibbetts, B.Sc., Dip.Psych.	90%	10%
PSYCHIATRIC SOCIAL WORKERS— (Two vacancies).		
SOCIAL WORKERS—		
Ethel N. Ives, (Chesterfield Excepted District) .. (One-and-a-third vacancies).	50%	—
SPEECH THERAPISTS		
Edna Curry, L.C.S.T. (Left 30/3/60) ..	95%	5%
Diana Hirst, L.C.S.T. (3/11ths) (Left 31/12/60) ..	10%	—
Margaret R. Marsh, L.C.S.T. (6/11ths) (Left 31/12/60) ..	50%	5%
Sally Goldthorpe, L.C.S.T. (Chesterfield Excepted District). (Left 30/11/60). ..	100%	—
Nine-and-a-half vacancies)		
DENTAL STAFF—		
PRINCIPAL SCHOOL DENTAL OFFICER—		
H. E. Gray, L.D.S.	90%	10%
DENTAL OFFICERS—		
G. H. Freeman (Dentist, 1921) ..	90%	10%
F. E. Welton, L.D.S.	90%	10%
PART-TIME DENTAL OFFICERS—		
Wilma Drury, L.D.S. (10/11ths) (Left 14/7/60) ..	80%	11%
Flora M. Jackson, L.D.S. (6/11ths) ..	50%	5%
Dorothy Littlar, L.D.S. (6/11ths) ..	50%	5%
Ilse B. Mann, L.D.S. (4/11ths) ..	33%	3%
(7 and 7/11ths vacancies).		
Chesterfield Excepted District—		
A. R. Littlar, L.D.S. (Borough Senior Dental Officer) ..	90%	10%
Annie Kean, L.D.S. (Left 30/10/60) ..	100%	—
(Two vacancies)		

At the end of 1953 we had the equivalent of 8.4 whole-time School Medical Officers ; at 31.12.54 the figure was 9.3. In 1955 the County Council agreed to increase the establishment by seven Assistant Maternal and Child Welfare and School Medical Officers, in order to meet the growing needs for their services and to bring the ratio of staff up to a figure similar to the average for the country as a whole. At 31.12.55 the equivalent of 10.5 officers were engaged in school health work and at the end of 1956 the figure was 13.9. Steps were also being taken to arrange a scheme for carrying out B.C.G. vaccination of certain school children (which is designed to afford protection against tuberculosis), and the County Council therefore agreed that six additional Medical Officers be appointed (who will act as Maternal and Child Welfare as well as School Medical Officers), according to the need, to enable it to be implemented without detriment to the other schemes which have already been established. It will be seen from the foregoing schedules of staff that at the end of 1960 we had the equivalent of (approximately) $14\frac{3}{4}$ school medical officers, with almost five combined posts of Assistant Maternal and Child Welfare Medical Officers/School Medical Officer to be filled.

Each Medical Officer is assisted by a "Medical Officer's Attendant." This scheme was introduced to relieve Health Visitors of some of the routine tasks, and has worked very well, the Attendant helping the Doctors not only in minor nursing work but also with the clerical work.

Regular meetings of the Medical Officers (about two each term) were held.

GENERAL CONDITION OF PUPILS

In circular number 352 dated 24.3.59 the Ministry of Education referred to medical and dental inspections in the following terms :—

"Medical and Dental Inspections. The frequency of medical and dental inspections has not been prescribed. The duty upon authorities to carry out these inspections at appropriate intervals is stated sufficiently clearly in s. 48 (1) of the Education Act, 1944. Where this duty is carried out by means of *periodic general medical inspections*, they should take place during the first and last years of compulsory school attendance, and one other inspection either during the last year in the primary school, or the first year in the secondary school. It will also be desirable to inspect young children under five years as soon as possible after they begin school, and also during their last year at school pupils who stay at school beyond the age of fifteen.

School dental inspections should, as far as practicable, be carried out at least once a year, and treatment offered promptly to those who are found to need it. The Ministry's circular states, however, that "this is unfortunately at present possible only in a few areas owing to the shortage of school dentists."

The circular goes on to say that "Medical and dental inspections should take place in school whenever this is possible. The Standards for School Premises Regulations include a requirement that suitable accommodation shall be immediately available at any time during school hours for the inspection and treatment of pupils by doctors, dentists, nurses and other professional workers in the School Health Service."

The circular—in my opinion very truly—points out that “the efficient conduct of the School Health Service depends above all on the close contact of doctors and nurses with the teachers, the parents and the children in the schools. They should be regular visitors, and the teachers should be encouraged to bring to their notice both those children who show particular defects and those whose general condition seems to indicate the need for an expert medical examination. There should also be close co-operation between the School Health Service staff and the children’s general medical practitioners.”

In this County, three general medical inspections of the school children take place, generally arranged so that every pupil is inspected during (i) the first year of compulsory school attendance, (ii) the first year of attendance at a secondary school, and (iii) the last year of compulsory school attendance. (Exceptionally, arrangements may be made for children to be examined in the last year at a junior school, instead of during the first year at a secondary school—this is to relieve some of the pressure on the larger secondary schools through which “the bulge” in the school population is passing).

In addition, children under five years old are inspected as soon as possible after they begin to attend school, and pupils who stay beyond the age of fifteen years are inspected during their last year at school. Pupils specially brought forward are also examined, and those previously observed to have defects requiring observation or treatment are re-examined. As no routine general medical inspection is normally carried out in the “junior” departments or schools, School Medical Officers have been requested to make a point of getting in touch with the Headteachers of such departments or schools at least once a year to afford them an opportunity of bringing forward any children they require to be specially examined or cases in need of re-examination.

The number of pupils examined at routine medical inspections totalled 32,588. For 1955 and for each subsequent year the corresponding figure has been 29,982; 27,734; 28,385; 30,520; and 33,394.

In the course of examining the 32,588 children at routine inspections, 5,087 children were found who required treatment for various conditions (15.6% of those examined). However, only 818 children were classed as being in an “unsatisfactory” physical condition (2.5% of the total number examined).

The percentage found to need treatment in 1960 (15.6%) may be compared with the following figures for successive years (starting with 1953):— 18.4; 17.3; 19.5; 18.1; 16.8; 18.9; 17.7. The last published figure for England and Wales (year 1959) was 15.76%

The percentage of those whose “physical condition” has been considered to be “unsatisfactory,” since this classification was introduced in 1956, are as follows :—

Year						% “unsatisfactory”
1956	..	..	..	..	..	2.72
1957	..	..	..	..	..	3.88
1958	..	..	..	..	..	2.57
1959	..	..	..	..	..	1.33
1960	..	..	..	..	..	2.51

(The last published average for the country as a whole was 1.14% for the year 1959).

The figures for 1960 have been "broken down" into Divisional areas, and are set out below. There are variations between the areas, but it must be borne in mind that the classification is a subjective one. It is not possible to say to what extent the variations are due to the personal factor when the figures are the result of examinations carried out by different medical officers.

<i>Divisional Executive</i>	<i>Physical Condition</i>	
	<i>Satisfactory</i>	<i>Unsatisfactory</i>
North-west	95.94	4.06
North-east	97.54	2.46
Mid-Derbyshire	99.77	0.23
South-east	93.94	6.06
South	99.27	0.73
Chesterfield	98.10	1.90
Whole administrative County ..	97.49	2.51

There is, of course, a wide gap between the 15.6% of children who were found to need treatment and the 2.5% regarded as "unsatisfactory." As mentioned in previous Reports, this is due to the fact that the defects recorded as requiring treatment cover a wide range, and are of varying degrees of severity. The presence of a defect does not necessarily result, therefore, in a child being regarded as of "unsatisfactory physical condition."

Vision. I have referred in previous Reports to an upward trend in the incidence of defective vision. The number of children referred for treatment for defective vision was almost 48 per 1,000 examined for the year 1947 ; this ratio gradually climbed during subsequent years to 96.9 in 1958 ; it dropped slightly (to 88.3) in 1959 ; and for the year under review the figure is 94 per thousand inspected.

The wide variation between figures from different Education Authorities show that there is likely to be a marked personal factor in recording of visual defects.

Figures from neighbouring authorities in 1957 are as wide apart as approximately 95 and 25 per 1,000 examinations. This problem was discussed in the Ministry of Education's publication "Health of the School Child, 1958," relating to the years 1956 and 1957.

Squint. Prior to 1952 cases of squint were recorded in about 9 or 10 out of every 1,000 children examined. Subsequently there was a gradual increase which reached 16.9 in 1955. The figures dropped in the two following years, but climbed again in 1958 and 1959, to 13.6 and 16.3 respectively. For 1960 the rate has fallen to 12.4 per 1,000.

Comment has been made nationally that "a greater awareness of the significance of minor ocular imbalance has led to the more frequent reference of children for treatment of squint."

Nose and Throat Defects. The rate per 1,000 of pupils thought to require treatment for nose and throat defects has varied during the few years prior to 1947 from 28 to 49. The figure for 1957 was only 13.32, but in 1958 it was 21.6. The figure for 1959 was 17.9 in 1960 it fell to 11.3. During the examinations at schools the School Medical Officers

have recorded the children seen at periodic medical inspections who have undergone tonsillectomy at any time previously. The figures in Derbyshire during 1960 were as follows :—

Groups Inspected	Numbers Inspected	Numbers and percentages found to have had tonsillectomy	
		No.	%
Entrants	11,012	538	4.8
Second age group ..	7,833	1,783	22.8
Leavers	17,622	1,758	9.9

SANITARY INSPECTIONS IN SCHOOLS

It is customary for School Medical Officers on completing routine school medical inspections to submit to the Principal School Medical Officer a report on the school premises, including brief notes on cleanliness, heating, lighting, ventilation, water supply, washing arrangements, cloakroom facilities, sanitary arrangements, and the playground. Matters which appear to require attention or investigation are brought to the notice of the Director of Education.

In addition, the services of the County Public Health Inspector are utilised to inspect in particular the sanitary arrangements at schools and the hygienic arrangements in school canteens. These visits are "advisory" in nature ; the County Public Health Inspector gives advice on small matters directly to the teachers but more important matters are reported to the Principal School Medical Officer in the first instance, to whom, in any case, a report is submitted after each inspection. This is considered, and forwarded to the Director of Education with any necessary observations. The quality of the water supply is also investigated, and if necessary improvements are recommended. Special attention is paid to the rural schools. It should be noted however that the provision of water mains in the rural areas during the last ten years or so has resulted in wholesome water being brought to a number of schools, and as a consequence there are now very few not so connected.

Work has been, and is still being, continued under the programme (which was mentioned in my Annual Report for 1954) for carrying out improvements to the sanitary, cloakroom and washing facilities, as well as heating and lighting installations, where this is desirable at some of the older schools in various parts of the County.

Swimming Baths.

Although many of the schools include training for swimming in their curriculum, there is only one swimming bath in the County (outside Chesterfield Excepted District) for which the Education

Authority itself is responsible; this is the open air bath at Ashbourne. Pupils from many schools in the area use it and the facilities have been extended to youth and similar organizations, as well as to members of the public. In 1960 the attendance figure for school children was 20,551 out of a total attendance during the season of 26,232. From a health point of view, the standards attained at this bath are admirable. The bath is provided with a modern treatment plant which has proved reliable and of adequate capacity.

PROVISION OF MEALS, AND THE MILK-IN-SCHOOLS SCHEME

Table "A" contains details of meals and milk provided on a day in September, 1960.

Source and Quality of Supply of Milk under the Milk-in-Schools Scheme.

Sampling of school milk supplies was carried out by Mr. Rowley, the County Public Health Inspector. Pasteurised milks are submitted to the phosphatase test (for efficiency of pasteurisation), and raw milks to the biological test (for tubercle bacilli). Any pasteurised milk which fails to pass the phosphatase test is examined for tubercle bacilli as a matter of course. Canteen milk supplies are subjected to the same procedure.

Although there are fifty-eight suppliers of milk to schools there are only twenty-seven sources of supply, as many retailers buy their milk from the major pasteurising establishments. Nevertheless, all supplies of pasteurised milk are sampled at least yearly, whilst supplies of raw milk are sampled at least twice yearly for biological examination.

The following table combines figures of both school drinking milk and canteen milk supplies :—

	Phosphatase		Tubercle Bacilli		Total No. of samples submitted
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	
Pasteurised ..	91	—	27	—	91
Tuberculin Tested ..	—	—	19	—	19

TABLE A
MEALS and MILK PROVIDED on a day in September, 1960

DIVISIONAL EXECUTIVE	CHILDREN PRESENT		MEALS PROVIDED				MILK PROVIDED			
	Numbers		Numbers		% of Numbers present		No. of Children		% of Numbers present	
	Prim.	Sec.	Prim.	Sec.	Prim.	Sec.	Prim.	Sec.	Prim.	Sec.
North-west ..	7,583	5,427	4,069	3,987	53.66	73.46	6,913	3,709	91.16	68.34
North-east ..	19,036	12,544	10,033	7,101	52.70	56.60	18,019	8,603	94.66	68.58
Mid-Derbyshire	9,081	7,520	3,555	4,410	39.15	58.64	8,210	4,686	90.41	62.31
South-east ..	9,371	7,442	2,880	2,443	30.73	32.83	8,894	4,640	94.91	62.35
South ..	12,104	7,818	5,526	5,398	45.65	69.05	11,152	5,060	92.13	64.72
Chesterfield ..	5,613	5,785	2,593	2,950	46.20	51.00	5,243	3,629	93.41	62.73
TOTALS— Whole Adminis- trative County	62,788	46,536	28,656	26,289	45.64	56.49	58,431	30,327	93.06	65.17

The following Table shows the number of schools, including independent schools, supplied with milk on 31st December, 1960. The Education Committee endeavour at all times to obtain the highest grades of milk and it is encouraging to know that of 646 establishments, 640 receive pasteurised milk, and the remaining six, tuberculin tested milk.

Type of Milk	Divisional Executive												Totals— Whole Admini- strative County	
	North- west		North- east		Mid- Derbyshire		South- east		South		Chester- field			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Pasteurised	105	98.13	166	100.0	107	99.07	85	100	133	97.79	44	100.0	640	99.07
Tuberculin Tested ..	2	1.87	—	—	1	0.93	—	—	3	2.21	—	—	6	.93
Totals ..	107	100.0	166	100.0	108	100.0	85	100	136	100.0	44	100.0	646	100.0

PROTECTION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS

The following steps are taken to minimise the risk of school children becoming infected by adults who are suffering from tuberculosis:—

(i) *Teachers:* An X-ray examination is enjoined for teachers entering the profession; students completing training are X-rayed and the results made available to the College Medical Officer; teachers entering service otherwise than from College are X-rayed as part of their medical examination on appointment; and the attention of the teachers on the staff of the Authority has been drawn to the advisability of their taking advantage of the facilities provided by mass radiography units from time to time.

The Ministry's requirements are, of course, observed concerning the suspension from and return to duty of a teacher found to be suffering from respiratory tuberculosis.

(ii) *Staff other than teachers:* The Committee decided that full-time staff in the categories mentioned below should be required to undergo an X-ray examination on appointment; that the Ministry's rules concerning the suspension from and return to duty of a teacher suffering from respiratory tuberculosis be applied to them; and that their attention be drawn to the desirability of being X-rayed annually:—

Residential staffs of boarding schools and homes ; staffs of nursery schools ; clerical assistants ; welfare supervisors ; laboratory assistants ; caretakers ; school meals staff (except those at central kitchens).

It is customary for the Director of Education to send a Monthly Circular to all Schools, and this medium is used to keep the matter before the staff, at the same time giving details of the facilities available for free X-ray examinations (e.g. the whereabouts from time to time of the mass radiography units).

MEDICAL EXAMINATION OF PROSPECTIVE TEACHERS

Candidates applying for entry to teachers' training colleges are required to be medically examined concerning their fitness to follow a course of teacher-training. Applicants who are school pupils are generally examined by the School Medical Officer of the area in which they live. Applicants for admission after national service, or after a course of training not taken under the Training of Teachers Regulations, or mature entrants, who have had no recent connexion with the school health service, are examined by the School Medical Officer of the area in which they reside (which will often be the area in which they attended school).

The Minister of Education has said that it is not practicable to require an X-ray examination of the chest of all entrants to training (although, of course, an X-ray will be taken if in the opinion of the examining medical officer it is desirable).

Intending entrants to the teaching profession who complete an approved course of training are examined by the College Medical Officer at the end of the course. Other entrants to service are examined by the School Medical Officer of the appointing education authority. It is a requirement of the Minister of Education that an X-ray examination of the chest is included as an essential part of all medical examinations on entry to the teaching profession.

The Derbyshire Education Authority administers a Teachers' Training College ; students completing training are X-rayed and the results made available to the College Medical Officer.

During the year the following examinations were carried out by School Medical Officers :—

Entrants to Training Colleges, Departments of Universities and Approved Art Schools	387
Entrants to the teaching profession	126
X-ray examinations of entrants to the teaching pro- fession and temporary teachers	159

INFESTATION WITH VERMIN

The Health Visitors and Teachers have, as ever, been mindful of the problem of cleanliness of children. The Health Visitors and School Nurses carried out 234,525 examinations and re-examinations of Derbyshire school children during the year, in the course of which they discovered 2,699 individual children to have either nits or lice in their hair (mostly nits). This is just over 2% of the school enrolment, which

is approximately the same figure as for the last three years. Ten years ago the Derbyshire figure was about 7%. As the Chief Medical Officer of the Ministry has said, this is essentially a family problem, and it is to be hoped that the continued efforts of the nursing staff and the long term effects of education will bring about a further reduction in this unpleasant and preventable condition.

(The Authority's scheme for cleanliness inspections was last described in detail in my Annual Report for 1953 and remains substantially unchanged).

SCHOOL CLINICS

The Ministry of Education asked for a return showing the school clinic facilities as at 31st December, 1960; a copy of the information given appears below. In subsequent pages of this Report more detailed information is provided.

I. NUMBER OF SCHOOL CLINICS (*i.e.*, premises at which clinics are held for school children) provided by the Local Education Authority for the medical and/or dental examination and treatment of pupils attending maintained primary and secondary schools.

Number of School Clinics 29

II. TYPE OF EXAMINATION AND/OR TREATMENT provided, at the school clinics returned above, either directly by the Authority or under arrangements with the Regional Hospital Board, for examination and/or treatment to be carried out at the clinic.

Examination and/or Treatment (1)	Number of School Clinics (<i>i.e.</i> , premises) where such treatment is provided—	
	Directly by the Authority (2)	Under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals (3)
A. Minor Ailment and other non-specialist examination or treatment	28	—
B. Dental	26	—
C. Ophthalmic*	3	19
D. Ear, Nose and Throat ..	—	—
E. Orthopaedic	—	10
F. Paediatric†	—	—
G. Speech Therapy ..	26	—
H. Others (specify):— Suiray ..	2	—

*—Arrangements made with the Supplementary Ophthalmic Service are returned in column (2) and those made with the Hospital and Specialist Service in column (3).

†—Clinics for children referred to a specialist in children's diseases.

III. CHILD GUIDANCE CLINICS.

(1) Number of Child Guidance Clinics provided by the Authority—11.

(2) Staff of Clinics :—

	No. Employed by		Aggregate in terms of the equivalent number of whole-time officers	
	L.E.A.	Hospital Authorities	Employed by L.E.A.	Employed by Hospital Authorities
Children's Psychiatrists ..	—	2	—	1.6
Educational Psychologists ..	6	—	2	—
Psychiatric Social Workers ..	—	—	—	—
Paediatricians, Play Therapists, Social Workers, etc. (excluding Clerks) (specify):—				
Psychotherapist	1	—	0.9	—
Social Worker	1	—	0.66	—

*—The County Council pays two notional half-days' salary to the Hospital Authorities in respect of each of these two Psychiatrists.

Minor Ailments.

Table "B" shows the clinics at which facilities are provided for the treatment of minor ailments. Altogether, 850 children made 2,744 attendances.

The decline which has been noted during recent years in attendances for the treatment of minor ailments continued, and many clinics were not called upon to treat any minor ailments. However, most of the sessions when treatment is available are quite short, and are conducted by Health Visitors who are frequently attending the clinic premises for other purposes, such as for giving advice on infant welfare. At sessions attended by Medical Officers, it is possible to include the examination of special cases discovered at routine school medical inspections requiring more elaborate examination—(it will be realised that occasionally, due to the pressure of work at the inspections, the latter are not always practicable). Immunisation against diphtheria is also available on demand as well as medical examination of children desiring to know if they are fit to undertake certain forms of employment.

TABLE B

Return of Minor Ailments treated at Clinics—Year ended 31st December, 1960

Children Attending Maintained Schools																
Clinic	When Held	Actual Number of Clinic Sessions	No. of Individual Children who attended during the year						Total Number of Attendances during the year							
			Divisional Executive						Divisional Executive							
			North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	Total	
Alfreton. Grange Street ..	Wednesday, a.m.	66	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ashbourne. St. Oswald's ..	2nd and 4th Wednesday, a.m.	24	-	-	-	-	4	-	-	-	-	-	28	-	-	28
Belper. Field Lane ..	2nd and 4th Mon- day and 1st, 3rd and 5th Saturday, a.m.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bolsover. Welbeck Road ..	2nd and 4th Thursday, a.m. ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Buxton. Bridge Street ..	Daily	140	22	-	-	-	-	-	-	-	-	31	-	-	-	31
Chesterfield. Brimington Road	2nd and 4th Friday, a.m. ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chesterfield Excepted District :— (a) Town Hall .. (b) Edmund Street, Newbold Moor	Daily, a.m. } Monday and Thursday p.m. }	350	-	-	-	-	-	317	-	-	-	-	-	-	1431	1,431
Chinley. Lower Lane ..	1st, 3rd and 5th Saturday, a.m. ..	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Clay Cross High Street ..	Saturday, a.m. ..	37	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Clowne. Creswell Road ..	3rd Saturday, a.m.	8	-	14	-	-	-	-	-	14	-	15	-	-	-	15
Derby. Cathedral Road ..	Tuesday, p.m. and 2nd and 4th Saturday, a.m. ..	11	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dronfield. The Grange ..	Saturday, a.m. ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Frecheville, Fox Lane ..	Saturday, a.m. ..	21	-	24	-	-	-	-	-	24	-	34	-	-	-	34
Glossop. Municipal Bldgs. ..	Daily, a.m. ..	238	287	-	-	-	-	-	-	287	1007	-	-	-	-	1,007
Hackenthorpe. Main Street ..	2nd and 4th Saturday, a.m.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Heanor. Wilnot Street ..	1st, 3rd and 5th Saturday, a.m. ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ilkeston, Albert Street ..	Daily, a.m. ..	89	-	-	-	116	-	-	-	116	-	-	123	-	-	123
Long Eaton. 4, Nottingham Rd. ..	Saturday, a.m. ..	16	-	-	-	1	-	-	-	1	-	-	1	-	-	1
Matlock. Causeway Lane ..	Saturday, a.m. ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Melbourne. Penn Lane ..	Wednesday, a.m. ..	52	-	-	-	-	44	-	-	44	-	-	-	53	-	53
New Mills. High Lea Hall ..	2nd and 4th Saturday, a.m. ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ripley. Derby Road ..	3rd Thursday, a.m.	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Shirebrook. Cliff House ..	Wednesday, a.m. ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Staveley. Lime Avenue ..	Monday a.m. and 4th Saturday, a.m.	32	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Swadlincote. Alexandra Road ..	2nd and 4th Wednesday	72	-	-	-	-	21	-	-	21	-	-	-	21	-	21
Totals ..	..	1,162	309	38	-	117	69	317	-	850	1038	49	-	102	1431	2,744

Dental Work.

A statistical report appears in Part IV of the Appendix. Mr. H. E. Gray, the Principal School Dental Officer, has provided the following report :—

“In common with the other local authorities of the Midlands, the difficulty of obtaining sufficient staff to provide a comprehensive service was the chief problem of the year. In the circumstances, the position was not completely gloomy, for the limited service that was given was efficiently carried out and the results a credit to the untiring efforts of the staff. The most important part of the work, preventive and conservative treatment, which has increased steadily over the last four years, reached its highest peak for over ten years, a no mean achievement, especially when it is realised that at any one time in that period the numerical strength of the staff only varied with narrow limits and that most are elderly.

For the greater part of the year, there were six whole-time and four part-time officers, an equivalent of 7 9/11ths, but by the end of the year this had been reduced to an equivalent of 5 5/11ths by the retirement of a whole-time officer and the transfer of a whole-time officer to another authority for domestic reasons. An officer who began early in the year in a whole-time capacity, reduced to part-time after six months and subsequently resigned to engage in general practice. Taken overall, throughout the year the staffing position was approximately 75% short of the estimated requirement to deal adequately with the school population and provide the service for pre-school children and expectant and nursing mothers.

As in previous years, the Authority maintained its efforts to increase recruitment, but the results were negligible. First class working conditions in pleasant surroundings, well equipped surgeries in modern premises are available, while several of the housing authorities are willing to assist where necessary. The attractions of general practice still have the greater draw, but there are indications that there may be a more even distribution in the future. When the great drift away from the school dental service occurred over the whole country, shortly after the introduction of the National Health Service, many warnings were given of the result of neglecting to establish the dental service on a firm footing by concentrating on the young end of the population and laying the foundation for dental fitness there.

The great inadequacy of the school dental service during the past ten years is now becoming sadly apparent. Children are losing their teeth by the hundreds of thousands every year. The school services in England and Wales in the four years 1956, '57, '58 and '59 were responsible for the extraction of almost 7,000,000 teeth and the fitting of 54,000 children with artificial dentures. In the same period, under the National Health Service, over 33,700 school children up to the age of 14 and 77,700 between 15 and 17 were fitted with artificial teeth, a staggering total of 166,000 youngsters all under 18 years of age, and the indications are that the number of young people who will require false teeth shortly after leaving school will be greater still.

Three factors appear to be involved :—

- (1) The general shortage of dental man power and the overwhelming demands made upon the profession. Many parents complain that they cannot get a dentist to see a child without months on a waiting list.
- (2) The inability of the school services to carry out the chief aim of all types of public health work—prevention.
- (3) The great increase in dental decay among children associated with the greatly increased consumption of sugary and sweet, sticky foods.

The only logical method of dealing with the problem is the regular check-up and systematic treatment, beginning with the toddler and followed up throughout the years. This can only be done by an organised service, the conditions of which are such as to attract and retain staff to ensure the continuity which is so vital.

In the last three or four years some half dozen new clinics have been built and brought into use. The various sections have been designed for their particular requirements. Together with the waiting rooms, they are light, airy, nicely furnished, brightly and attractively decorated in eye-catching colours and it is of interest to report that many favourable comments have been made by parents on their cheerful appearance, which as far as the dental side is concerned would seem to mitigate somewhat the apprehension of the visit to that department.

Inspection. Some 23,800 children received inspections. This was approximately 20% of the school population. The total was made up of 18,200 inspections made at routine visits to school and 5,600 special inspections of children who attended the clinics as casuels for urgent treatment or for a six-monthly check-up. Increasing numbers of parents are now doing this with gratifying results. With regular attention, very little treatment and the minimum of time is required to keep the teeth in good order at any one time. In most instances, the school inspections showed that 75%—90% had defects. Offers of treatment were not always accepted and in not a few instances, 50% of the parents refused. This appeared to be due to indifference, as the children in question were not receiving attention from any other source. Where it was known that there was a family dentist and further treatment was due, advice was given to visit him again so that there would be more opportunities for those who depended upon the school service.

Treatment. 20,485 attendances were made by over 11,000 children for treatment, the principal items being 10,000 fillings and about 16,000 extractions, of which roughly 1/3 were permanent teeth. General anaesthetics were much used and there were 5,328 administrations of “gas” and oxygen.

Orthodontic treatment. Continued to make good headway and a considerable amount of this intricate work was undertaken. Seventy-eight new cases were begun during the year and fifty-four

continued from 1959. Satisfactory completion was effected in seventy-six cases. Nine discontinued treatment and at the end of the year there were fifty-two still in hand.

Denture work was about the same in amount as before. 103 children were fitted with false teeth, several requiring full or almost full dentures.

Health Education. In the 1959 report, mention was made of attempts to carry out educational work and spread knowledge on dental health, with the emphasis on prevention. This work was greatly intensified and developed into a Dental Health Campaign which covered the whole county. Much remains to be done, and it is planned to keep the educational work in continuous operation. Talks were given and use was made of films, posters, leaflets and demonstration models. With the co-operation of the mid-wives, health visitors and school nurses, information was spread on the value of prevention from very early on in life.

The transport of material to the schools, enlisting the interest and support of the head teachers was much simplified by the help afforded by the Director of Education, Mr. J. L. Longland, and his department and grateful thanks are expressed to him. Thanks are also due to the Deputy Superintendent Health Visitor, Miss Daybell, who enthusiastically took over the work of her predecessor of arranging and fitting up the displays and exhibitions and to Miss Fleay, who so ably assisted her and whose eye-catching notices and printing were no mean contribution to the joint efforts of all concerned.

One result of the campaign is that in quite a number of schools the practice of selling biscuits to eat with the mid-morning milk has been discontinued and in others attempts made to induce the children to finish the mid-day meal at school with some tooth cleaning food, such as an apple or piece of carrot.

In the past years, children in the special schools, children in the care of the authority and those in attendance at day nurseries and occupational training centres, have always had inspections and treatment and this was so once again."

Visual Defects.

Table 'C' shows the number of children who attended the eye clinics and the number of attendances. Treatment was provided at the Authority's eye clinics under two schemes as follows :—

(i) *Supplementary Ophthalmic Services.*

Medical Officers on the Ophthalmic List attended three clinics and were paid on a sessional basis by the Authority, which recovered from the Supplementary Ophthalmic Services Committee of the Local Executive Council a fee for each refraction carried out. Prescriptions for glasses are written on a form provided by the Supplementary Ophthalmic Services Committee and sent to the Secretary of that Committee so that arrangements may be made for the glasses to be provided.

(ii) *Hospital Eye Service.*

Nineteen of the Authority's eye clinics were conducted by Ophthalmic Consultants who have contracts with the Sheffield Regional Hospital Board. The spectacles which are prescribed are provided under arrangements made by the Hospital and Specialist Services.

School children, like other members of the community, may consult their private Doctors with a view to treatment and glasses being provided under the National Health Service. In this connection, figures have kindly been provided by the Derbyshire Executive Council relating to work performed by Ophthalmic Medical Practitioners and Ophthalmic Opticians outside the Authority's scheme.

Health Visitors are informed of the treatment prescribed for patients who attend County Eye Clinics, in order that they may be followed up and if there is any neglect in securing the treatment advised a report can be made with a view to the matter being rectified.

Sunray Clinics.

During the year, 180 children made 1,723 attendances at the sunray clinics at the Town Hall, Chesterfield, and at Brambling House Open Air School, Chesterfield ; forty-four sessions were held.

Orthopaedic and Postural Defects.

Orthopaedic sessions, attended by Orthopaedic Surgeons employed by Regional Hospital Boards, were held at ten of the County Council's clinics. Table 'D' indicates the attendances made by school children, 567 of whom made 1,826 attendances.

TABLE C
Annual Return of work at Eye Clinics—Year ended 31st December, 1960

Children Attending Maintained Schools																		
			Actual Number of Clinic Sessions	Number of Individual Children Treated						Total Number of Attendances								
				Divisional Executive						Total	Divisional Executive							
Eye Clinic	When Held			North-west	North-east	Mid- Derbyshire	South-east	South	Cheshire	Total	North-west	North-east	Mid- Derbyshire	South-east	South	Cheshire	Total	
Alfreton. Grange Street ..		1st, 2nd, 3rd & 4th Wednesday, p.m. . .	34	-	-	420	-	-	-	420	-	-	446	-	-	-	-	446
Belper. Field Lane ..		4th Friday, a.m. . .	9	-	-	94	-	-	-	94	-	-	108	-	-	-	-	108
Bolsover. Welbeck Road ..		1st and 3rd Wednesday, a.m. . .	14	-	101	-	-	-	-	101	-	114	-	-	-	-	-	114
Buxton. Bridge Street ..		Each Monday a.m.	40	436	-	-	-	-	-	436	456	-	-	-	-	-	-	456
Chesterfield. Brimington Rd. ..		2nd and 4th Monday p.m. . .	10	-	131	-	-	-	-	131	-	157	-	-	-	-	-	157
Chesterfield Excepted District. Town Hall ..		Wednesday and Thursday, a.m. . .	71	-	-	-	-	-	714	714	-	-	-	-	-	-	1079	1,079
Clowne. Creswell Road ..		2nd and 4th Friday, a.m. . .	19	-	228	-	-	-	-	228	-	229	-	-	-	-	-	229
Derby. Cathedral Road ..		Each Monday, a.m.	43	-	-	9	-	525	-	534	-	-	9	-	591	-	600	

Dronfield. The Grange ..	2nd and 4th Wednesday, a.m. ..	14	-	119	-	-	-	-	-	132	-	-	-	-	-	-	132
Eckington. Godber Street ..	1st and 3rd Friday, p.m.	17	-	140	-	-	-	-	-	157	-	-	-	-	-	-	157
Frecheville. Fox Lane ..	2nd and 4th Wednesday, a.m. ..	16	-	154	-	-	-	-	-	165	-	-	-	-	-	-	165
Glossop. Municipal Bldgs. ..	1st, 3rd and 5th Saturday, a.m. ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hackenthorpe. Main Street ..	3rd Monday, p.m.	8	-	135	-	-	-	-	-	135	-	-	-	-	-	-	135
Heanor. Wilmot Street ..	5th Wed. p.m. and 2nd Friday, a.m. ..	14	-	-	-	164	-	-	-	-	-	179	-	-	-	-	179
Ilkeston. Albert Street ..	1st and 3rd Friday, a.m. ..	20	-	-	-	242	-	-	-	-	-	284	-	-	-	-	284
Long Eaton. Grange School ..	2nd and 4th Tuesday, a.m. ..	20	-	-	-	216	-	-	-	-	-	238	-	-	-	-	238
Matlock. Dean Hill House, Causeway Lane ..	1st and 3rd Friday, a.m. ..	21	5	-	215	-	-	-	-	5	238	-	-	-	-	-	243
New Mills. High Lea Hall ..	4th Tuesday, a.m.	10	83	-	-	-	-	-	-	93	-	-	-	-	-	-	93
Ripley. Derby Road ..	4th Wed., p.m.	1	-	-	9	-	-	-	-	-	9	-	-	-	-	-	9
Shirebrook. Cliff House ..	1st and 3rd Friday, a.m. ..	13	-	203	-	-	-	-	-	-	218	-	-	-	-	-	218
Staveley. Lime Avenue ..	1st Monday, p.m. ..	5	-	44	-	-	-	-	-	-	53	-	-	-	-	-	53
Swadlincote. Alexandra Road ..	Alternate 2nd Thursday, p.m. .. every 4th Thursday	17	-	-	-	-	187	-	-	-	-	-	-	200	-	-	200
Totals ..		410	524	1255	747	622	712	1248	4,574	554	1360	810	701	791	1079	5,295	

TABLE D
Annual Return of Orthopaedic Work—Year ended 31st December, 1960

Children Attending Maintained Schools																
	When Held	Actual Number of Clinic Sessions	Number of Individual Children who attended during the year						Total Number of Attendances during the year							
			Divisional Executive					Total	Divisional Executive					Total		
			North-west	North-east	Mid-Derbyshire	South-east	South		Chesterfield	North-west	North-east	Mid-Derbyshire	South-east		South	Chesterfield
Orthopaedic Clinic																
Alfreton. Grange Street	Thursday, a.m. and p.m.	80	-	6	47	-	-	-	53	-	12	162	-	-	-	174
Buxton. Bridge Street	4th Friday, alt. months	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Derby. Cathedral Road	Thursday, a.m. and p.m.	88	-	-	-	-	-	-	128	-	-	-	-	447	-	447
Glossop. Municipal Buildings	2nd and 4th Tuesday, a.m. and p.m.	36	74	-	-	-	-	-	74	127	-	-	-	-	-	127

Heanor. Wilnot Street ..	Friday, p.m.	..	44	-	-	-	17	-	-	17	-	-	-	70	-	-	70
Ilkeston. Albert Street ..	Wednesday, a.m. and p.m. . .	..	94	-	-	-	114	-	-	-	-	-	-	374	-	-	374
Long Eaton. 4, Nottingham Rd.	Friday, a.m.		45	-	-	-	28	-	-	-	-	-	-	161	-	-	161
Matlock. Dean Hill House, Causeway Lane ..	Tuesday, a.m. and p.m. . .	..	72	7	-	36	-	4	-	-	13	-	126	-	11	-	150
New Mi's. High Lea Hall ..	2nd and 4th Mon- day a.m. and p.m.	..	38	25	-	-	-	-	-	-	64	-	-	-	-	-	64
Swadlincote. Alexandra Road ..	1st and 3rd Tues- day, a.m. and p.m.	..	50	-	-	-	-	81	-	-	-	-	-	-	259	-	259
Totals ..		..	547	106	6	83	159	213	-	-	567	204	12	288	605	717	1,826

HANDICAPPED PUPILS

The Handicapped Pupils and Special Schools Regulations, 1959.

The categories of "handicapped pupils" requiring special educational treatment are defined as follows in the above mentioned Regulations :—

- (a) *blind pupils*, that is to say, pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight ;
- (b) *partially sighted pupils*, that is to say, pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight ;
- (c) *deaf pupils*, that is to say, pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language ;
- (d) *partially deaf pupils*, that is to say, pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils ;
- (e) *educationally sub-normal pupils*, that is to say, pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools ;
- (f) *epileptic pupils*, that is to say, pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils ;
- (g) *maladjusted pupils*, that is to say, pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment ;
- (h) *physically handicapped pupils*, that is to say, pupils not suffering solely from a defect of sight or hearing who by reasons of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools ;
- (i) *pupils suffering from speech defect*, that is to say, pupils who on account of defect or lack of speech not due to deafness require special educational treatment ; and
- (j) *delicate pupils*, that is to say, pupils not falling under any other category in this regulation, who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools."

HANDICAPPED PUPILS

The following is a copy of a return made to the Ministry of Education relating to Handicapped Children for the Whole Administrative County—Year 1960.

Categories	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physi- cally Handi- capped		(7) Educa- tionally sub-normal (8) Mal- adjusted		Epileptic	Speech Defects	Total (1)—(10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
In the calendar year :—											
A. Handicapped pupils newly placed in Special Schools or Boarding Homes ..	2	4	6	5	49	15	89	41	3	—	214
B. Handicapped pupils newly assessed as needing special educational treatment at Special Schools or in Boarding Homes ..	4	4	4	2	50	21	164	46	2	—	297
On or about 20th January, 1961 :—											
C. (i) Number of Handicapped Pupils on the registers of special schools :											
1. Maintained :											
(a) Day Pupils ..	—	2	9	1	82	4	277	53	—	—	428
(b) Boarding Pupils ..	7	9	10	9	14	10	93	4	3	—	159
2. Non-maintained :											
(a) Day Pupils ..	—	—	6	—	—	—	—	—	—	—	6
(b) Boarding Pupils ..	4	3	45	1	27	9	2	6	5	—	102
(ii) On the registers of Independent Schools under arrangements made by the Authority	—	1	1	—	1	7	21	14	—	—	45
(iii) boarded in Homes and not already included under (i) or (ii) ..	—	—	—	—	—	—	—	31	—	—	31
Total (C) ..	11	15	71	11	124	30	393	108	8	—	771
On or about 20th January, 1961 :—											
D. Number of Handicapped Pupils receiving education under Section 56 of the Education Act, 1944:—											
(i) In hospitals ..	—	—	—	—	31	—	—	—	—	—	31
(ii) In other groups ..	—	—	—	—	—	—	—	—	—	—	—
(iii) At home ..	—	1	1	—	4	37	6	3	1	—	53
On or about 20th January, 1961 :—											
E. Number of Handicapped Pupils who were requiring places in special schools—											
(i) Total—											
(a) Day ..	—	—	—	—	3	—	171	1	—	—	175
(b) Boarding ..	7	6	2	2	4	22	43	5	—	—	91

Categories	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physi- cally Handi- capped		(7) Educa- tionally sub-normal (8) Mal- adjusted		Epileptic	Speech Defects	Total (1)—(10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Included in the above totals :—											
(ii) Handicapped Pupils who had not reached the age of five—											
(a) awaiting day places	—	—	—	—	—	—	—	—	—	—	—
(b) awaiting boarding places	1	—	1	1	—	—	—	—	—	—	3
(iii) Handicapped Pupils who had reached the age of five but whose parents had refused to give consent to their admission to a special school :—											
(a) awaiting day places	—	—	—	—	1	—	8	—	—	—	9
(b) awaiting boarding places	—	—	—	—	—	—	2	—	—	—	2

F. The number of pupils on the registers of Hospital Special Schools on or about 20th January, 1961 was 53.

RETURNS FOR DIVISIONAL EXECUTIVE AREAS

The following is an analysis of the preceding Table in Divisional Executive Areas :

Division	Categories	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physi- cally Handi- capped		(7) Educa- tionally sub-normal (8) Mal- adjusted		Epileptic	Speech Defects	Total (1)—(10)
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
North-west	A	1	1	1	2	5	3	11	6	—	—	30
	B	1	1	—	—	6	3	9	9	—	—	29
	C (i) (1) (a) ..	—	—	—	—	—	—	8	—	—	—	8
	C (i) (1) (b) ..	2	1	2	2	2	1	12	—	—	—	22
	C (i) (2) (a) ..	—	—	—	—	—	—	—	—	—	—	—
	C (i) (2) (b) ..	—	1	3	—	4	1	—	3	1	—	13
	C (ii)	—	—	—	—	1	—	4	1	—	—	6
	C (iii)	—	—	—	—	—	—	—	4	—	—	4
	Total (C) ..	2	2	5	2	7	2	24	8	1	—	53
	D (i)	—	—	—	—	—	—	—	—	—	—	—
	D (ii)	—	—	—	—	—	—	—	—	—	—	—
	D (iii)	—	—	—	—	3	4	3	—	—	—	10
	E (i) (a) ..	—	—	—	—	—	—	2	—	—	—	2
	E (i) (b) ..	1	—	—	—	—	4	6	1	—	—	12
	E (ii) (a) ..	—	—	—	—	—	—	—	—	—	—	—
	E (ii) (b) ..	1	—	—	—	—	—	—	—	—	—	1
	E (iii) (a) ..	—	—	—	—	—	—	—	—	—	—	—
	E (iii) (b) ..	—	—	—	—	—	—	—	—	—	—	—
North-east	A	1	1	1	1	15	4	24	7	1	—	55
	B	1	—	1	2	13	6	32	7	—	—	62

RETURNS FOR DIVISIONAL EXECUTIVE AREAS

Division	Categories	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physi- cally Handi- capped		(7) Educa- tionally sub-normal (8) Mal- adjusted		Epileptic	Speech Defects	Total (1)—(10)
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
North-east	C (i) (1) (a) ..	—	2	7	—	8	3	114	5	—	—	139
	C (i) (1) (b) ..	2	1	5	3	5	1	17	1	1	—	36
	C (i) (2) (a) ..	—	—	—	—	—	—	—	—	—	—	—
	C (i) (2) (b) ..	2	—	20	—	12	1	1	1	1	—	38
	C (ii) ..	—	1	—	—	—	2	4	3	—	—	10
	C (iii) ..	—	—	—	—	—	—	—	11	—	—	11
	Total (C) ..	4	4	32	3	25	7	136	21	2	—	234
	D (i) ..	—	—	—	—	9	—	—	—	—	—	9
	D (ii) ..	—	—	—	—	—	—	—	—	—	—	—
	D (iii) ..	—	—	—	—	—	10	1	—	—	—	11
	E (i) (a) ..	—	—	—	—	1	—	61	—	—	—	62
	E (i) (b) ..	2	2	1	2	3	6	9	1	—	—	26
	E (ii) (a) ..	—	—	—	—	—	—	—	—	—	—	—
	E (ii) (b) ..	—	—	1	1	—	—	—	—	—	—	2
	E (iii) (a) ..	—	—	—	—	—	—	—	—	—	—	—
	E (iii) (b) ..	—	—	—	—	—	—	—	—	—	—	—
Mid- Derbyshire	A ..	—	1	—	—	1	1	13	3	1	—	20
	B ..	—	1	—	—	1	2	68	4	1	—	77
	C (i) (1) (a) ..	—	—	1	—	1	—	10	—	—	—	12
	C (i) (1) (b) ..	1	2	1	—	1	2	28	—	1	—	36
	C (i) (2) (a) ..	—	—	—	—	—	—	—	—	—	—	—
	C (i) (2) (b) ..	1	—	10	—	2	—	1	1	—	—	15
	C (ii) ..	—	—	—	—	—	2	3	1	—	—	6
	C (iii) ..	—	—	—	—	—	—	—	5	—	—	5
	Total (C) ..	2	2	12	—	4	4	42	7	1	—	74
	D (i) ..	—	—	—	—	—	—	—	—	—	—	—
	D (ii) ..	—	—	—	—	—	—	—	—	—	—	—
	D (iii) ..	—	—	—	—	—	3	1	2	—	—	6
	E (i) (a) ..	—	—	—	—	—	—	65	—	—	—	65
	E (i) (b) ..	1	—	—	—	—	3	6	1	—	—	11
	E (ii) (a) ..	—	—	—	—	—	—	—	—	—	—	—
	E (ii) (b) ..	—	—	—	—	—	—	—	—	—	—	—
	E (iii) (a) ..	—	—	—	—	—	—	3	—	—	—	3
	E (iii) (b) ..	—	—	—	—	—	—	1	—	—	—	1
South-east	A ..	—	—	2	—	2	3	27	8	—	—	42
	B ..	—	—	—	—	2	—	16	7	—	—	25
	C (i) (1) (a) ..	—	—	1	1	1	—	59	—	—	—	62
	C (i) (1) (b) ..	—	2	1	—	1	1	17	—	—	—	22
	C (i) (2) (a) ..	—	—	—	—	—	—	—	—	—	—	—
	C (i) (2) (b) ..	1	—	3	—	2	3	—	1	—	—	10
	C (ii) ..	—	—	1	—	—	1	1	5	—	—	8
	C (iii) ..	—	—	—	—	—	—	—	6	—	—	6
	Total (C) ..	1	2	6	1	4	5	77	12	—	—	108

RETURNS FOR DIVISIONAL EXECUTIVE AREAS

Division	Categories	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physi- cally Handi- capped		(7) Educa- tionally sub-normal (8) Mal-adjusted		(9) Epileptic	Speech Defects	Total (1)-(10)
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
South-east	D (i)	-	-	-	-	10	-	-	-	-	-	10
	D (ii)	-	-	-	-	-	-	-	-	-	-	-
	D (iii)	-	-	-	-	1	2	-	1	1	-	5
	E (i) (a) ..	-	-	-	-	-	-	21	-	-	-	21
	E (i) (b) ..	-	3	1	-	-	1	3	-	-	-	8
	E (ii) (a) ..	-	-	-	-	-	-	-	-	-	-	-
	E (ii) (b) ..	-	-	-	-	-	-	-	-	-	-	-
	E (iii) (a) ..	-	-	-	-	-	-	5	-	-	-	5
	E (iii) (b) ..	-	-	-	-	-	-	-	-	-	-	-
South	A	-	1	2	1	6	3	12	7	1	-	33
	B	2	1	2	-	5	7	28	8	1	-	54
	C (i) (1) (a) ..	-	-	-	-	2	1	36	-	-	-	39
	C (i) (1) (b) ..	1	3	-	3	5	3	17	3	-	-	35
	C (i) (2) (a) ..	-	-	6	-	-	-	-	-	-	-	6
	C (i) (2) (b) ..	-	1	9	1	5	3	-	-	1	-	20
	C (ii)	-	-	-	-	-	2	3	3	-	-	8
	C (iii)	-	-	-	-	-	-	-	5	-	-	5
	Total (C) ..	1	4	15	4	12	9	56	11	1	-	113
	D (i)	-	-	-	-	11	-	-	-	-	-	11
	D (ii)	-	-	-	-	-	-	-	-	-	-	-
	D (iii)	-	-	1	-	-	15	1	-	-	-	17
	E (i) (a) ..	-	-	-	-	-	-	15	-	-	-	15
	E (i) (b) ..	3	-	-	-	1	7	18	2	-	-	31
	E (ii) (a) ..	-	-	-	-	-	-	-	-	-	-	-
	E (ii) (b) ..	-	-	-	-	-	-	-	-	-	-	-
	E (iii) (a) ..	-	-	-	-	-	-	-	-	-	-	-
	E (iii) (b) ..	-	-	-	-	-	-	-	-	-	-	-
Chesterfield	A	-	-	-	1	21	2	2	10	-	-	36
	B	-	1	1	-	23	1	10	11	-	-	47
	C (i) (1) (a) ..	-	-	-	-	70	-	50	48	-	-	168
	C (i) (1) (b) ..	1	-	1	1	-	2	2	-	1	-	8
	C (i) (2) (a) ..	-	-	-	-	-	-	-	-	-	-	-
	C (i) (2) (b) ..	-	1	-	-	2	1	-	-	2	-	6
	C (ii)	-	-	-	-	-	-	6	1	-	-	7
	C (iii)	-	-	-	-	-	-	-	-	-	-	-
	Total (C) ..	1	1	1	1	72	3	58	49	3	-	189
	D (i)	-	-	-	-	1	-	-	-	-	-	1
	D (ii)	-	-	-	-	-	-	-	-	-	-	-
	D (iii)	-	1	-	-	-	3	-	-	-	-	4
	E (i) (a) ..	-	-	-	-	2	-	7	1	-	-	10
	E (i) (b) ..	-	1	-	-	-	1	1	-	-	-	3
	E (ii) (a) ..	-	-	-	-	-	-	-	-	-	-	-
	E (ii) (b) ..	-	-	-	-	-	-	-	-	-	-	-
	E (iii) (a) ..	-	-	-	-	1	-	-	-	-	-	1
	E (iii) (b) ..	-	-	-	-	-	-	1	-	-	-	1

I am indebted to Mr. J. L. Longland, the Director of Education, for the following comments concerning the figures relating to handicapped children :—

“Ascertainment and placing during the year.

	1959	1960
A. Handicapped pupils newly placed ..	309	214
B. Handicapped pupils newly ascertained	409	297

Children receiving special education.

C. (i) On the registers of		
1. Maintained Special Schools		
(a) as day pupils	416	428
(b) as boarding pupils ..	149	159
2. Non-Maintained Special Schools		
(a) as day pupils	8	6
(b) as boarding pupils ..	101	102
(ii) On the registers of Independent Special Schools	40	45
(iii) Boarded in Homes	28	31
D. (i) Being educated in hospital ..	41	31
(ii) Receiving home tuition	37	53
Totals ..	820	855

Waiting List.

E. (i) Awaiting Admission—Day Schools	112	175
(ii) Awaiting Admission—Boarding Schools	111	91
	223	266

The number of children ascertained as handicapped, and placed for the first time in a special school, was lower than last year. The figure for 1959, however, included the opening of the Ashgate Croft School and the number of children placed in 1960 was still 25% higher than any previous year apart from last year.

Though the number of children receiving special education continues to rise, the number ascertained is also so high that the waiting lists get no smaller. However, the total waiting list of 226 includes 214 E.S.N. children of whom 111 are waiting for places in new schools which are in the course of construction.

Each handicap is considered separately :—

Blind. Seven children on the waiting list of whom four are aged six or under, one has in past attended a special school but is now awaiting admission to a further education establishment for the blind, and one has now had to be considered unsuitable for education.

Partially sighted. Six children waiting: one was only ascertained in the last four days of the year ; one is receiving home tuition.

Deaf. Only two waiting and one had been placed within a few days of the date of the return.

Partially deaf. Again only two waiting of whom one has since been placed.

Delicate. Seven children waiting. They will be rapidly placed. On average fifty delicate children are placed every year, many of them for quite short periods.

Physically Handicapped. A rather larger waiting list of twenty-two, but five have already been placed, five were only ascertained in the last two months of the year and should not have long to wait. Five are receiving home tuition.

Educationally Sub-Normal. As mentioned above this is the largest group : half of the 214 on the waiting list will be admitted to the John Duncan School (extensions opening at Easter 1961). The Delves Day School, Swanwick (new school opening in September 1961) and Breadsall Boys' Boarding School (which is also under construction).

The remainder are waiting for places in existing schools and a careful watch is being kept on the waiting list for the Ashgate Croft School, Chesterfield. The school was only opened last year and it would be premature to decide yet that the large demand for places there indicates a need for extensions, or another school, but there is a possibility that if demand continues at this level more places will have to be provided."

Special Reports.

(1) *Overseal Manor (E.S.N. Boys) Special Residential School.*—The following report has been provided by Dr. Malcolm Allan who regularly visits this school :—

"I inspected each term and at other necessary times, and from my own observation most of the children improve mentally, and certainly physically, and the whole atmosphere of the school is most delightful."

(2) *John Duncan (E.S.N. Girls) Special Residential School.*—Dr. Kuttner has commented as follows :—

"Teachers, Matrons and Domestic staff all work harmoniously together in giving every pupil at the school the security, interest and education he or she requires individually. The opening of a day-class this year for children of both sexes has been helpful and successful."

(3) *Talbot House, Glossop.*—Dr. M. Sutcliffe, the School Medical Officer who maintains regular and frequent contact with this School for children suffering from cerebral palsy, has reported as follows :—

"During 1960 there were nineteen children in residence and two day pupils at Talbot House. In February and March a few suffered from upper respiratory disease and minor digestive upsets but there

were no serious infections. Three children spent several weeks in orthopaedic hospitals where further operative treatment was carried out. One of the two children who reached school leaving age returned home and found a temporary post in a bakery ; the other who was very severely handicapped was admitted to a long-stay hospital.

Hydrotherapy, recommended by the visiting physician, started in May at the Devonshire Hospital, Buxton, and continued until the end of November. The children who were taken regularly in groups of six received individual attention which was of great benefit in increasing their confidence. They were taught to relax in a soothing medium where they acquired a freer and wider range of movement."

Mrs. Diana Hurst, the Speech Therapist who attended Talbot House School, has reported as follows :—

"From January until March, 1960, four sessions per week were conducted at Talbot House, and from June until December, two sessions per week. The children have all continued to work well, and have shown steady improvement. Of the five children who have been seen regularly throughout the year, three have now achieved clear and easily intelligible speech, while of the other two, one still has considerable difficulty in making herself easily understood, and one, though often unintelligible at present, is making very satisfactory progress and should improve considerably over the next year or two. At the end of October, two new children were admitted to the school, both of whom received speech therapy. They have both made an encouraging start and have settled down well to their treatment.

The children all seem to try hard with their speech, and most of them appreciate the need for a consistently high standard of effort. In this connection they receive much helpful encouragement from all the other staff."

(4) *Stretton House Hostel*.—Dr. John has made the following observations :—

"I can only give a brief account of this hostel as I have only attended there for the past term. The atmosphere in the hostel is homely and welcoming. It is well equipped with table tennis, etc., and comfortable with welcoming fire, small dormitories, etc.

The physical health of the boys is in the main good—one small boy gained a considerable amount of weight in only a few weeks when removed from his home environment and given an adequate diet. Physical defects were, however, found in more than one case, in fact a case of bilateral Perthe's disease of the hip was found which required hospital treatment. A case of jaundice occurred and towards the end of term an epidemic of mumps occurred and a number of boys were sent home.

The atmosphere at Stretton House is such that in a mentally healthy atmosphere away from home stresses the maladjusted boy has a good chance to find his feet."

Cardiac Register

During 1957, a Medical Officer of the Ministry of Education suggested that in order to obtain a record of the incidence of cardiac defects over a number of years, a "cardiac register" should be established by the Authorities in the North Midlands Division, which is ideally suited to this purpose geographically because four of the counties have a hospital centre in the County Town which is in each instance the only County Borough, to which centres cardiac cases would naturally be referred for a consultant's opinion. If all the Authorities agreed to participate the investigation would cover some 550,000 school children and in size alone should be of major importance.

The investigation consists of the observation of organic heart disease (rheumatic and congenital) and should give useful evidence relating to the alleged decline of rheumatic heart disease and provide a pool of knowledge in regard to congenital heart disease which would prove useful as further developments appear in cardiac surgery. If a School Medical Officer discovers abnormal cardiac physical signs during his examination of a pupil he may decide that the signs are "innocent," in which case no further action is called for. He may, on the other hand, decide that the signs merit further investigation. In the majority of cases such children will ultimately obtain the opinion of a cardiologist or paediatrician as to the probable diagnosis. Where this opinion favours an organic cause (it cannot always be definite) the child's name is to be included in the cardiac register. Such children are to be subject to at least an annual special medical examination.

The Ministry feels that as regards rheumatic heart disease this investigation will afford an opportunity for studying the general incidence, relapse rate, ultimate state on school leaving, and the relationship of relapses to school streptococcal infections. As regards congenital heart disease, beside the usual data to be expected from a survey, there is the relationship to maternal infections, and their epidemiological features. An assessment will be made of the child on leaving school and the information will of course be useful in giving any necessary advice in relation to future employment.

At the end of 1960 there were fifty-three children on this register, the diagnoses being as follows :—

1.	Patent ductus—ligated	..	..	..	3
	Mitral stenosis	..	..	..	1
2.	Pulmonary stenosis	..	..	..	2
3.	Pulmonary stenosis with ventricular septal defect	..	..	..	1
4.	Pulmonary stenosis with atrial septal defect	..	..	..	2
	Aortic stenosis with atrial septal defect	..	..	..	1
5.	Interventricular septal defect	..	..	..	6
6.	Atrial defect	..	..	..	3
	Atrial septal defect with heart block	..	..	..	1
	Patent Foramen ovale	..	..	..	1
7.	Interventricular septal defect with partial bundle branch block	..	..	..	1
8.	Co-arctation of aorta—operated	..	..	..	1
9.	Fallot's tetralogy (1 had Blalock's operation)	..	..	..	2

10. Mitral incompetence	..	..	..	—
Rheumatic infection	..	..	..	6
Others (all congenital)	..	..	..	22

Of the above, fifty-one attended ordinary schools, one receiving home tuition, and one is not attending school at present.

Dyslexia.

During the year a communication was received from the Ministry of Education referring to the fact that there has long been controversy whether some children have a specific reading disability due to a form of word blindness. Apparently a number of neurologists and paediatricians are convinced that there is such a condition, but Psychologists tend to be unconvinced. There is usually an associated difficulty in writing that is characterised by curious spelling mistakes that have been persistent into adult life. Some of the children write upside down or sideways or in mirror fashion. They may also read books upside down. One of the Ministry's Medical Officers is studying the subject and the Ministry asked to be informed of children suspected of having this defect. The School Medical Officers and Educational Psychologists have been consulted and the Ministry were provided with a list of about a dozen children in this County who might merit further investigation. An investigation of this nature, of course, may take a considerable time.

The Medical Examinations (Sub-normal Children) Regulations, 1959.

These Regulations prescribe the qualifications required of medical officers undertaking the examination of pupils to ascertain whether they need attention in a special school for educationally subnormal pupils, or whether they are suffering from such a disability of mind as to make them unsuitable for education at school. It is prescribed that medical examinations for the foregoing purposes shall be conducted by a duly qualified medical practitioner possessing one of the following special qualifications :—

- “(a) *he shall be a practitioner whose employment was approved by the Minister under regulation 11 of the School Health Service and Handicapped Pupils Regulations, 1953; or*
- (b) *he shall be a psychiatrist working in a child guidance clinic; or*
- (c) *he shall—*
 - (i) *have assisted for a period of at least six months in the conduct of medical examinations of the kind to which these regulations apply by a practitioner entitled to conduct them under these regulations; and*
 - (ii) *he shall have attended, at one of the following universities namely, Durham, Glasgow, Leeds, London or the Queen's Universities, Belfast, the post-graduate course of instruction in the ascertainment and treatment of children suffering from the disabilities described in regulation 2, or some equivalent course approved by the Minister for the purpose of these regulations.”*

Children unsuitable for education at school, and school leavers requiring care from Health Authorities.

In September, 1960, the Ministry of Education issued Circular 12/60 on this subject. The circular referred to certain changes in the law relating to children who suffer from a disability of mind which

makes then unsuitable for education at school, brought about by the coming into operation on 1st November, 1960, of parts of the Mental Health Act, 1959, which amended the Education Act, 1944. Their effect is "broadly to extend the rights of parents, to alter legal procedure in some respects, and to simplify some of the administrative arrangements."

A decision by the Education Committee to "report" a child to the Local Health Authority is to be regarded not only as a negative decision that the Education Authority cannot educate the child, but also as a positive step to enable the Health Authority to make or arrange for more suitable provision. The parents of a child who has been found to be unsuitable for education will have a right to appeal to the Minister of Education against the decision to "report" the child, and may also request the Authority, not more than once a year, to review their decision.

The Mental Health Act repealed the subsection of the Education Act under which the Education Committee had hitherto reported to the Health Committee individual children who were thought to need supervision, after leaving school, on account of mental disability. The Ministry's circular pointed out, however, that it is desirable for local education authorities to pass to local health authorities information on school leavers who they think will require care or guidance, and pointed out that "Without adequate support and help many school leavers who are mentally handicapped cannot surmount the problems which will confront them in their working life."

During the year under review the following numbers of pupils were "reported" by the Education Authority to the Local Health Authority :—

Divisional Executive	As being unsuitable for education		As requiring supervision after leaving school	
	Boys	Girls	Boys	Girls
North-west	4	2	—	—
North-east	10	6	—	—
Mid-Derbyshire	7	—	—	—
South-east	5	7	—	—
South	10	4	—	—
Chesterfield	—	—	2	1
Totals ..	36	19	2	1

Maladjusted Children

The arrangements for treating maladjusted children have been strengthened during the year under review. Until 8th August, 1960, under arrangements with the Sheffield Regional Hospital Board, Dr. D. J. Salfield, a Consultant Children's Psychiatrist, treated patients in the

part of the administrative County which lies within the area of that Board. Informal arrangements also existed by which patients living in the part of Derbyshire within the area of the Manchester R.H.B., were referred individually to the Consultant Children's Psychiatrist for that Region to see if treatment could be arranged. However, following representations made by the County Council, it is pleasing to report that the Boards agreed to employ two Consultant Children's Psychiatrists, each for 9/11ths of whole-time, the County Council in each case paying 2/11ths of their respective salaries. On 8th August Dr. F. G. Thorpe, M.B., B.Ch., D.P.M. commenced to serve in this County as the second Consultant Children's Psychiatrist. The following broad programmes were approved, which it will be noted include visits to hospitals, hostels and special schools, as well as the County Council's child guidance clinics :—

<i>Dr. Salfield :—</i>	<i>No. of notional half-days a week</i>
"Main" Clinic—County Council Clinic, Cathedral Road, Derby	6
"Subsidiary" Clinics—Ilkeston; Ripley; Swadlincote ..	
Derbyshire Royal Infirmary	1
Derbyshire Children's Hospital	1
The Pastures Hospital; Bretby Hospital; Overseal Manor (E.S.N. Boys') Residential Special School; Brackenfield Day Special School (E.S.N.). Long Eaton; The Delves Day (E.S.N.) Special School, Swanwick (when opened); Stetton House Hostel	1
	9
<i>Dr. Thorpe :—</i>	
(i) Sheffield R.H.B. area—	
"Main" Clinic—Brambling House, Chesterfield; "Sub- sidiary" Clinics—Hackenthorpe; Matlock; (and Clowne and Eckington by appointment); Holly House Hostel; Stretton House Hostel; Brambling House Open-Air School and Children's Centre; Ashgate Croft (E.S.N.) Day Special School; Chesterfield Royal Hospital ..	7
(ii) Manchester R.H.B. area—	
"Main" Clinic—Buxton; 'Subsidiary' Clinic— Glossop; John Duncan (E.S.N. Girls') School	2
	9

The staff of Educational Psychologists (who serve partly in the Schools Psychological Service and partly in the Child Guidance Service) has also been increased—in 1959 we had the services of five officers ; in 1960, seven officers.

In October, 1959, a Psychotherapist was appointed, and authority has been given to appoint a second Psychotherapist.

The establishment authorises the appointment of four Psychiatric Social Workers, but notwithstanding repeated efforts it has not proved possible to recruit their staff. At present we have the services of only one part-time Social Worker.

Dr. Salfield has provided the following report :—

"The work of the Child Guidance Service in the past year has been similar in scope to last year.

This particular report deals with the whole area up to the time a second Consultant Psychiatrist, Dr. Thorpe, took up duties on the 8th August, 1960, for the Northern part of the county, and with the southern part of the county only since that date.

In spite of the fact that staff has not increased since the last report and that from the 1st October the psychiatrist has devoted only nine sessions per week (which includes hospital work, etc.) the number of new cases, interviews, etc., has sharply increased, which is all the more noticeable if the numbers dealt with since the 8th August by Dr. Thorpe are added to the ones given here. This expansion of the work is a most encouraging sign as such, but it obviously has also taken to mean that each case must have received perhaps less attention than desirable and that considerably more staff should be desirable. In this connection the continued absence of a psychiatric social worker has to be greatly regretted.

Whilst co-operation with the various agencies interested in maladjusted children, (S.M.O.'s, G.P.'s, Probation Officers, Children's Officer, etc.) have been generally speaking maintained, it could not be claimed that it has been improved at all, due to the lack of time. Although regular, if infrequent, staff meetings have taken place, more consultation within the Child Guidance Service and with other workers in this and allied fields, would frequently iron out difficulties and increase our understanding of the case, and consequently its handling, but again the time factor weighs heavily against us in this respect.

A great gap in our services continues to be the facilities enjoyed in some other regions for observation and treatment of children that need to be in-patients, apart from the only occasionally serviceable facilities in Bretby Hospital which is, by nature of the ward in which the psychiatrist has the use of beds, restricted to the very mild behaviour and psychosomatic disorders. We feel that perhaps still closer contact and consultations between the authorities concerned, i.e. School Medical Officer, County Mental Health Service, the Education departments and the Regional Hospital Board, might after all overcome the hurdles in the way of establishing such a unit.

It is hoped that the striking increased number of referrals by G.P.'s and decreased number of referrals by S.M.O.'s, both absolute and relative numbers, reflects an increased interest and trust in our service by the G.P.'s and not the reverse in the case of the S.M.O.'s.

We continue, as usual, to enjoy the interest of the Principal School Medical Officer and his staff, for which we are continually grateful, and whose value we appreciate. I should like to mention particularly the enthusiastic co-operation and friendliness, as well as great interest and understanding shown to us by Dr. Corrigan."

The following report has been received from Dr. Thorpe :—

"Since my appointment in August the Child Guidance Service of the County has been divided into two teams covering the North and South of the County respectively. This has naturally meant that the scope and extent of the work has been considerably increased and that new Clinics are being created in areas where previously no

Child Guidance Service was provided. In the North of the County we have extended into the North West, in particular to that part which lies in the area of the Manchester Regional Hospital Board, and regular Clinics are now held in Buxton and Glossop. I would like to take this opportunity of thanking all concerned for the hospitality shown to us and the friendly way in which we have been received. Until the new Clinic in Buxton is provided, however, there is little hope of doing intensive psychotherapy, but the great need for diagnostic assessment and supervision of cases is being met. In addition, regular visits to the John Duncan School are proving rewarding to everyone concerned. The lack of a Psychiatric Social Worker limits the amount of casework we are able to do, but this deficiency appears to be an almost universal experience at the moment, as most P.S.W.'s are very reluctant to move away from the teaching centres.

In the North East, the Hackenthorpe Clinic continues to flourish on much the same pattern as last year and there is always a constant demand from the School Health Service for cases to be seen in this particular area. A Clinic has also been started in Matlock, but, as yet, the demand for cases to be seen hasn't justified a regular Clinic day. It is hoped that next year a weekly Clinic may be started, but the lack of suitable accommodation is again a difficulty.

A proportion of the work of the North East is carried out at Brambling House, Chesterfield, which is rapidly becoming the headquarters of the "Northern team." This is mainly due to the more adequate Clinical facilities provided at Brambling House and also because it is the only location where secretarial help is rapidly available. As I now spend five half-days a week at this Clinic, the caseload is increasing rapidly. Not only are more diagnostic interviews being carried out, but time is now available for regular psychotherapy by the Child Psychiatrist. It is also of interest that increasing numbers of cases are being referred by the Probation Department and Juvenile Courts for psychiatric reports. This I find most encouraging, as I have always felt that the Probation and Child Guidance Services should work in close unison, as so many juvenile offenders are in need of psychiatric help.

Weekly conferences are now held at Brambling House and are proving most helpful to all concerned. The need for a regular time when the entire team can get together and discuss cases and Clinic problems has always been realised. These conferences are now fulfilling that need and it is hoped the scope of the meeting will be considerably enlarged during the next year. Periodic meetings are held between the North and South when we usually discuss some topic of Clinical interest, and these also are of great value. The Authority's Hostels have been visited, but most of my own time has been devoted to Holly House, as Dr. Salfield has most of the children at Stretton House under treatment and it is not therapeutically advisable to break continuity at this point.

We appreciate the way in which the Principal School Medical Officer and his staff look after our interests and express our thanks for their kind co-operation during the past year."

Statistical Information (excluding work done at Brambling House, Chesterfield)—

CHILD GUIDANCE WORK	Divisional Executive					Totals
	North-west	North-east	Mid-Derbyshire	South-east	South	
(1) Cases Closed during 1960 :—						
(i) Adjusted	—	4	1	2	1	8
(ii) Improving	—	—	—	1	3	4
(iii) Unadjusted	—	—	1	2	1	4
(iv) Miscellaneous	—	—	—	1	2	3
(v) Diagnostic and advice only	—	—	—	—	—	—
Totals	—	4	2	6	7	19
(2) Cases having regular Interviews for Psychiatric Treatment, Play-Therapy, or Remedial Teaching :—						
Psychiatrist—						
(i) Making satisfactory progress	—	—	3	4	4	11
(ii) Some improvement	—	—	4	3	4	11
(iii) No improvement	—	—	2	2	2	6
Totals	—	—	9	9	10	28
(3) Cases having only Occasional Interviews, or under Supervision :—						
(i) Making satisfactory progress	—	—	6	10	11	27
(ii) Some improvement	—	—	4	15	20	39
(iii) No improvement	—	—	6	3	8	17
(iv) Diagnostic and Other	—	—	17	37	20	74
Totals	—	—	33	65	59	157
(4) Cases Recently Opened ..	2	—	8	7	6	23
(5) SUMMARY :—						
(i) Number of “current cases”	16	49	86	124	116	391
(ii) Number of “closed cases”	—	4	2	6	7	19
Total Number of Cases dealt with during 1960 ..	16	53	88	130	123	410
(6) Number of Cases on Waiting List for first interview as at 31st December, 1960 ..	—	—	2	2	2	6

CHILD GUIDANCE WORK				Divisional Executive					Totals
				North-west	North-east	Mid-Derbyshire	South-east	South	
(7)	Psychiatrist's Interviews with Patients			—	32	60	84	90	266
	Psychiatrist's Interviews with Parents			1	40	110	138	173	462
	Psychiatrists' Visits :—								
	(i) to Schools			—	—	—	—	—	—
	(ii) to Homes			—	—	—	3	1	4
	(iii) to Institutions			—	—	40	—	25	65
	Total number of siblings of patients seen			—	—	—	—	—	—
	Number of Interviews with Probation Officers, Social Workers, etc.			—	1	6	4	2	13
	Number of Reports to Magistrates			—	—	1	—	4	5
(8)	Educational Psychologists' Visits :—								
	(i) to Schools			—	5	34	96	32	167
	(ii) to Homes			—	—	5	12	7	24
	Number of Child Guidance Cases tested			—	3	40	58	76	177

The following Table indicates the sources from which patients were referred to the Child Guidance Service during the year :—

School Medical Officer	33
Private Doctors	53
Hospitals	11
Teachers	33
Courts and/or Probation Officers	3
Others	18

Speech Therapy

The establishment authorises the employment of eleven Speech Therapists (including one in Chesterfield Excepted District and one mainly at Talbot House Special School). I have referred in recent Annual Reports to a shortage of Speech Therapists. At the beginning of 1958 we had the service of six whole and two part-time Officers. Unfortunately, the position has gradually deteriorated, and at the end of 1960 we had the services of only two part-time Officers, both of whom left our service on the last day of the year for domestic reasons. The shortage of Speech Therapists appears to have been general in the midlands and the north of England, as will be seen from the following reference to this problem in the Report of the Chief Medical Officer of the Ministry of Education for 1958 and 1959, where it is mentioned that most "areas in southern England had no difficulty in obtaining Therapists . . . Some rural, and northern and midland industrial areas, and some in Wales, however, had been without Therapists for years and had no replies to repeated advertisements . . . In November 1958, all principal school medical officers were asked how many additional Therapists their Authorities would employ if there was no shortage of applicants. The replies showed that at that time the equivalent of 362 whole-time Therapists were employed by local education authorities, and that 123 more were required. Ordinarily, with eighty students qualifying annually, it would be reasonable to expect this deficiency to be made good in a few years at most ; but early marriage among the Therapists upsets all reasonable calculations."

The following reports have been received :—

Mrs. Diana Hirst :

"From July until December 1960, one session per week has been conducted at the County Clinic, Municipal Buildings, Glossop, and most of the cases who urgently required treatment have been seen regularly. Owing to the short time at my disposal, school and home visiting have necessarily had to be cut out and there are a few cases of a minor nature who have had to make do with occasional visits for advice instead of regular treatment. But on the whole, the parents and teachers have been most helpful and co-operative, and attendance has been good."

Mrs. Marsh :

"Treatment has been carried out at Cathedral Road Clinic for three days weekly throughout 1960. The staff shortage continues, and many mothers who have no hope of getting treatment for their children locally have travelled in to Derby from places as far distant as Swadlincote, Wirksworth, Ashbourne and Ilkeston. Some have made the journey regularly, and others have attended occasionally for advice. The results of treatment have been good and sixty children have been discharged with normal or near-normal speech, from a total of sixty-seven discharged patients. There remain thirty-six current cases and forty-four waiting list patients, many of them urgently in need of treatment, who will be left without speech therapy when my resignation comes into effect on December, 31st, 1960."

SPEECH THERAPY	Divisional Executive			
	North-west	Mid.	South-east	South
(1) Number of Patients who received Treatment during the year :—				
New Cases—				
Stammerers	1	—	—	1
Articulation Defects ..	3	2	1	—
Other Speech Disorders ..	—	—	—	2
Old Cases—				
Stammerers	4	—	—	8
Articulation Defects ..	4	4	3	48
Other Speech Disorders ..	1	1	3	8
Total Number of Individual Patients	13	7	7	67
Total Attendances for Treatment	108	30	140	674
(2) Results of Treatment of Cases seen during 1960 :—				
Cases Closed :—				
Stammerers—				
Cured	—	—	—	1
Improved	1	—	—	8
Not improved	—	—	—	—
Discontinued for various reasons	8	—	—	1
Articulation Defects—				
Cured	4	4	2	36
Improved	—	—	—	7
Not improved	—	—	—	—
Discontinued for various reasons	17	—	2	3
Other Speech Disorders—				
Cured	—	—	—	1
Improved	—	—	—	1
Not improved	—	—	—	—
Discontinued for various reasons	30	—	—	1
Total number of Cases Closed	60	4	4	59
Cases Still Under Treatment—				
Stammerers	4	—	2	2
Articulation Defects ..	3	3	2	18
Other Speech Disorders ..	1	1	3	5
Cases seen once for initial examination and advice only	3	7	5	32
Total Number of Cases already seen, Carried Forward to 1961	11	11	12	57

SPEECH THERAPY	Divisional Executive			
	North-west	Mid	South-east	South
(3) Number of Patients Waiting to be seen for the first time, as at 31st December, 1960	—	—	—	—
(4) Visits :—				
To Schools	—	—	—	1
To Homes	—	—	—	—
(5) Number of Interviews with Parents	21	17	22	140
(6) Total Number of Sessions conducted at Clinics	22	—	—	273

MEDICAL EXAMINATIONS OF CHILDREN FOR EMPLOYMENT

During the year the School Medical Officers examined 515 pupils desiring to undertake part-time employment, and a certificate of fitness was given in every instance.

PREVENTIVE INOCULATIONS

Details are given in my Annual Report as County Medical Officer of Health of various schemes for providing preventive inoculations against several diseases. These schemes come under the jurisdiction of the County Health Committee, as the services are provided under Part III of the National Health Service Act. However, since school children derive much benefit from them it is fitting to refer briefly to them here, particularly as the help and co-operation of Teachers is of great value to this aspect of the health services.

The arrangements for providing the inoculations continue on the lines which have been outlined in earlier Reports. The conditions against which protection is offered are as follows :— diphtheria, poliomyelitis, smallpox, tetanus, tuberculosis and whooping cough.

The numbers of children between five and fifteen years of age who were immunised against diphtheria, smallpox, tetanus or whooping cough were as follows :—

	Primary Immunisations	"Booster" Doses
Diphtheria	2,657	10,574
Whooping Cough	720	—
Tetanus	46	13
Smallpox	130	44

In February, 1960, vaccination against poliomyelitis was made available to all persons who had not, at the time of their application, attained the age of forty years and a few special groups.

During 1960, 31,834 Derbyshire patients were given two injections against poliomyelitis and 100,661 received their third injections. From the inception of the scheme in 1956 up to 31st December, 1960, the total number in this County who had received two injections was 208,185 and of these 177,602 had received three injections.

Bacillus Calmette Guerin (B.C.G.) Vaccination against Tuberculosis. The object of this form of vaccination for school-children is to provide them with some protection against tuberculosis when they leave school and are more likely to come into contact with the disease. Briefly, the procedure is to skin test the pupils and the negative reactors are then vaccinated with B.C.G. The Ministry of Health supply the materials for skin testing and the actual B.C.G. The School Medical Officers carry out this work and it is essential they be trained in the technique of the procedure. The County Health Committee has therefore sanctioned them attending approved courses of instruction. The scheme came into operation to a limited extent towards the end of 1957, and at that time it was confined to children between thirteen and fourteen years of age. In 1959 the Ministry of Health approved an extension of the scheme to children of fourteen years of age and over, and to students attending Universities, Teacher Training Colleges, Technical Colleges or other Establishments of further education. The scheme is expanding and the following figures give details of the numbers dealt with during 1959 and 1960 :—

	Schools		Establishments of further education	
	1959	1960	1959	1960
Number of schools or establishments further education	68	79	—	3
Number of children or students offered B.C.G. vaccination	8,389	12,777	—	117
Number of children or students whose parents gave consent and who skin tested	5,465	8,752	—	64
Number found "positive"	1,251	2,043	—	34
Number found "negative"	4,139	6,480	—	30
Number vaccinated with B.C.G. ..	3,989	6,369	—	30

REPORTS RECEIVED FROM SCHOOL MEDICAL OFFICERS

The following are relevant extracts from reports which I have received from individual School Medical Officers :—

Dr. JULIA CORRIGAN, the Senior Medical Officer for the School Health Service and for Health Education :—

“Liaison with Consultants in Hospital. Liaison with consultants in hospital has been very good indeed, both in requests by them for special education, transport or other provision for their patients, or in examining children for us about whom we may be worried.

Infectious Diseases. There was a small outbreak of mumps during the year. Of course this illness always means that the child will be a long time off school. Although there were not many notified cases of scarlet fever we had a number of streptococcal sore throats. The school doctors have been worried that this illness may be entering one of its periods of severity as there have been some complications. One of the doctors is carrying out an investigation into albuminuria in one of the schools where there has been rather a heavy outbreak.

Deafness. Arrangements are being made to have all the health visitors receive training in early detecting of deafness in very young children. Children to be tested are the population at “risk,” which will be about 20% of the children born each year. There will be two tests, one at about six months and one when the child is just over a year.

Health Education. We received very good co-operation from all the schools in our health education programme. All the schools took part in the dental health campaign. The talks and leaflets to the older girls on hygiene and grooming were very popular. The number of requests for the film about the connection between smoking and lung cancer increased slightly but is still disappointing.

Cleanliness. Last year we introduced a new treatment for all schools. Although the figures show that there is still a small percentage of infested children in our schools, we are confident that when the campaign is working fully this difficulty will be overcome. The hygiene inspections carried out by the health visitors in senior schools are much more than merely looking for infestation. They teach cleanliness and grooming and give advice on personal problems to individual girls who may seek it.

Talbot House. The school for Spastics at Talbot House, Glossop, began an experimental year of hydrotherapy treatment at the Devonshire Hospital, Buxton. This was arranged by Dr. Griffiths, Consultive Paediatrician to the School. Early indications show that it should be a great success.”

Dr. M. SUTCLIFFE (Part of N.W. Division) :

"The general health and well-being of the children : The majority of the children seen at school medical inspections are healthy, happy, confident, and energetic. The improved standards of living and the increasing knowledge of nutritional needs during recent years have contributed to their generally satisfactory condition but have had no effect on the poor state of their teeth.

The physical condition of the children : There was little change from last year in the classification of the children, only a small proportion being placed in the unsatisfactory group. Children in this group are kept under regular supervision either at the Minor Ailment Clinic or during subsequent visits to the school and are referred, when necessary, to general practitioners for any treatment or investigation which is likely to benefit them.

It is pleasing to report a decrease in the number of verminous children found in the schools, 5.5% in 1960 compared with 7.2% in 1959. Whether the improvement is the effect of years of health education is difficult to decide as many of the persistently verminous have now left school. The final result of the health visitors teaching will not be known until the next generation is seen in the schools. Four cases of impetigo and one of scabies were treated at the clinic.

School meals; the milk-in-schools scheme : On a given day in October 45.09 per cent of pupils in attendance at school had school dinners compared with 43.94 per cent. in 1959. The meals are adequate in amount, well cooked and varied, but they inevitably lose some of their appetising taste and appearance during transit from the Central Kitchen to the different schools.

On a given day in October 83.1 per cent. of the pupils participated in the milk-in-schools scheme, compared with 86.59 per cent in 1959. There is almost a one hundred per cent acceptance amongst the infants but the older children give several reasons for refusing milk such as :—they do not like the taste of it, it is fattening, or it spoils the appetite for the mid-day meal.

The hygienic conditions of schools : Some improvements in the hygienic conditions of schools have been made during the year but in the older buildings only slow progress can be expected. Lighting and ventilation are reasonable in most classrooms but there are a few schools which are cold and draughty in winter.

Infectious diseases : The widespread epidemic of mumps in the primary schools in February and March severely affected the attendance figures. The first few cases were reported during the third week in January. From this time there was a rapid increase in the number of children affected which reached a total of three hundred and twelve. There were thirty-five cases of chickenpox in the primary schools in June and July, but no infectious disease was notified from the secondary schools.

Work of special interest : During the past few years there has been a marked fall not only in the incidence of whooping cough but also in the dangerous complications such as bronchitis and

bronchiectasis which cause a high mortality and morbidity in infants. It is not yet possible to say how much of the change in the epidemiological pattern is due to the widespread vaccination programme but there is evidence to show that there is a reduced attack rate in those vaccinated. During the examination of entrants to primary schools in the last three years it was noted that twenty-five per cent were stated to have been protected against whooping cough in infancy. In eleven per cent of these the vaccine failed to give complete protection and the children contracted the disease but with three exceptions it was of a very mild type and not followed by serious complications. Of the unvaccinated children, thirty-three per cent were stated to have suffered from the disease which followed the usual course. Although complete immunity cannot be guaranteed parents attending the clinics are strongly recommended to have their children protected, preferably at an early age, with one of the vaccines of standardised potency now available.

Immunisation procedures : (i) Immunisation against *diphtheria* was continued actively at the clinic throughout the year when 112 children received primary courses and 104 re-inforcing doses. Although there has been no decline in the acceptance rate for primary immunisation, some parents neglected to maintain their children's immunity at a high level until an outbreak of a dangerous type of the disease was notified in another part of the County in September. The result was a greatly increased demand in October, when fifty-five children were given re-inforcing doses compared with forty-nine for the rest of the year.

(ii) *Whooping-cough vaccination :* There was a decline in the number of children vaccinated against whooping cough at the clinic in 1960, but this does not signify a reduction in the total number in the area protected against the disease. Many mothers prefer their children to have the combined diphtheria and whooping cough antigen in order to reduce the number of injections. The combined antigen can be obtained from many general practitioners.

Tetanus immunisation is given as a separate course of injections at the clinic but, unfortunately, there have been few requests for this very necessary preventive measure though many babies are now receiving the triple antigen from the general practitioners.

(iii) *Poliomyelitis vaccination :* The poliomyelitis vaccination sessions held regularly though less frequently than last year have been fairly well attended. A total of 375 first, 348 second and 1,283 third injections were given. There were 894 attendances from persons over fifteen years of age compared with 1,104 in 1959.

(iv) *B.C.G. vaccination :* For the second year the preventive medical services included B.C.G. vaccination of school children aged thirteen years and upwards. The acceptance rate at the schools completed was 82% compared with 64.5% in the previous year. Thirty-three per cent were found to be tuberculin-positive reactors and vaccination therefore was unnecessary.

Inter-relationship between the National Health Service and the School Health Service : There is close liaison between the staff of the School Health Service and the general practitioners who refer maladjusted patients of school age for child guidance treatment provided by the Local Health Authority."

Dr. F. D. F. STEEDE (Part of N.W. Division) :

"General health and well-being, and physical condition of the children : The general health of the children remains on the whole fairly good, and the physical condition too is generally satisfactory, reflecting the high overall standard of child care prevailing throughout the district.

Cleanliness of pupils : Cleanliness as one might expect was satisfactory and only a very few cases of pediculosis capitis occurred, and then almost invariably as recurrences in children from a few families well known to the School Nurse.

School meals ; milk-in-schools scheme : The school meals service and milk-in-schools scheme continue to make an invaluable contribution to the satisfactory level of nutrition which can hardly be over estimated—though sometimes the larger family does not unfortunately take advantage of the meals service for economic reasons.

Hygienic conditions of schools : In none of the older schools are there at present any special facilities for medical inspection. In the new schools there is only one room available—a changing room is also needed if the necessary privacy is to be ensured without undue waste of time. Further progress has been made during the year with regard to the hygienic condition of schools, and I am especially glad that there are now better facilities for hand washing with universal provision of hot water to the schools for which I am at present responsible, and I hope that these will be extended to other schools still on the waiting list for modernisation at an early date within the Borough of Buxton and the Chapel-en-le-Frith Rural District.

Infectious diseases : During the year, mainly in the first three quarters infective hepatitis was, I regret to say, very prevalent.

During the year there were a number of cases of diarrhoea and/or vomiting, mainly very mild, occasionally explosive, but more often sporadic, and although exhaustive bacteriological investigations were carried out no specific infective organism was isolated.

Dental caries aggravated by neglect in the absence of a School Dental Officer in spite of the hard work put in by the six local general dental practitioners is a continued cause for concern ; incidence of dental caries on the increase due partly to a parallel increase in the consumption of sweets and biscuits particularly between meals can be considerably reduced when the flourine deficiency can be adjusted to the optimum level in piped drinking water supplies. One hopes that as the facts with regard to flouridation becomes more widely

known that the general public will demand the implementation of this worthwhile public health measure.

I am personally very concerned at the number of children who are acquiring the cigarette smoking habit at an early age in view of the irrefutable evidence of the very close causative effect of the habit on the incidence of *lung cancer*, to say nothing of its probable aggravating effect on bronchitis. I have given talks in secondary schools illustrated by the filmstrip "Problem of Lung Cancer" but it may be that greater efforts should be made in the junior schools. I feel that those adult smokers who come into contact with children regularly should consider very seriously whether they should not cease to smoke, at any rate in the presence of children who are so easily influenced by example. The sooner the cigarette smoking habit becomes unfashionable the better.

Immunisation procedures : Diphtheria—A diphtheria immunisation campaign has been carried on vigorously during the latter half of the year as a direct result of the tragic deaths which occurred in Derby and Liverpool. Most of the work has involved "booster" doses, but a surprising number of first courses were also apparently necessary, though in some cases the original course may have been given in infancy and overlooked. One feels that a personal immunisation card in spite of the extra work involved might be seriously considered. One general practitioner in the district, at least, issues them in his practice and not many appear to be lost by patients.

Poliomyelitis vaccination—The poliomyelitis vaccination general level is very satisfactory and a very great deal of the excellent work has been done by the general practitioners.

B.C.G.—The acceptance rate for this procedure is 60%, a figure which is still too low, and of these 73.3% are negative to the Heaf Test.

Inter-relationship of the National Health Service and the School Health Service : Co-operation with the local hospitals and general practitioners is very satisfactory."

Dr. G. KUTTNER (Part of N.W. Division) :

"*The general health and well-being* of the children continues to be satisfactory. With few exceptions they are well fed, well clad and happy. There remains a fortunately small percentage of school-children who, in spite of repeated attempts of persuasion, refuse to avail themselves of school-dinners.

The physical condition of the children is generally very good. Among the younger age-group respiratory-catarrh and infections remain prevalent, nowadays treated expectantly rather than with wholesale excision of tonsils and adenoids. A sad aspect at school medical inspections are : the far too general incidence of dental caries, the many, more or less mild orthopaedic defects, poor postures, and constipation, too frequently met with and either ignored or treated with wrong and strong aperients.

Dental hygiene, in spite of much publicity, still leaves much to be desired. The consumption of sweets, biscuits, lollipops etc. seems to be for ever on the increase. Ice-cream vans crowd round schools at twelve noon—outside the school gates—and I often see a very large number of pupils buying and consuming a variety of unhealthy, artificial sweet-concoctions BEFORE their midday meal. I wonder if this bad habit could not be stopped somehow.

One very rarely sees a good normal foot in school-children nowadays. Even if stiletto heels and similar crazy constructions are not purchased it has become more and more difficult to buy a decent pair of shoes for teen-age girls. Socks, too, are partly to blame for deforming toes and parents should be warned to select carefully and not to buy material which shrinks dangerously after washing.

The hygienic conditions of schools are improving everywhere. Sanitation in some schools is not up to standard. A sore spot is, in my opinion, the boys' urinals which should not exist unless they can be flushed.

A fairly wide outbreak of *infectious jaundice*, mainly in and around Buxton, has given cause for anxiety this year. There were only a few isolated cases of jaundice in New Mills in October/November. School-attendance in the New Mills area was greatly reduced towards the end of this year owing to a mild but widespread epidemic of *mumps*.

The controversy in the method of *immunizing against diphtheria*, whooping-cough and tetanus persists as before and renders our task difficult. General Practitioners who, last year, began to use separate antigens have again reverted to using combined ones. After the much publicised fatal case of diphtheria in Derby—the second one was, unfortunately, not made as widely known—there was a rush to their surgeries for immunizations. But the number of parents accepting immunisation offered at schools has been much less than expected. Heaf-testing and *B.C.G.-vaccination*, on the other hand, is responded to extremely well. One case of pulmonary T.B., necessitating admission to a sanatorium, was detected following Heaf-testing in a Grammar School.

The advice of Mr. Rawden, Teacher for the Deaf, has been helpful in cases in which the result of *audiometric tests* was doubtful. He kindly conducted a sweep-test throughout John Duncan School."

Dr. W. GOW (Parts of N.W. and N.E. Division) :

"*General health* and well-being of children in schools remains very good.

Physical condition also good. Obesity much more evident than under-nutrition particularly in the 10-13 age group.

Cleanliness is almost uniformly excellent. Two or three cases of impetigo seen, no scabies and very few with pediculosis.

Milk-in-schools. The milk is sometimes overshadowed by the formidable array of confectionery sold in some schools during the "break" at which the milk is provided. It may take several children some minutes to arrange the biscuits and sweets as in a shop. Sometimes these food stuffs are even stored in the medical room, and I have spoken to parents about their children's teeth when seated beside a pile of biscuit tins.

School meals. These are excellent when the standards are considered which lay down the ingredients to be used. Those who prepare the meals and plan them deserve every praise.

Hygienic conditions. These are uneven. I pass from a new school with modern hangings and decor to a small school with no hot water or no water at all. These differences are inevitable, I suppose. Improvements have been made in many schools, but some still have not got water-borne sanitation.

Immunisation procedures. The recent cases of *diphtheria* in Derby made it possible to secure the consent of many parents for their children to be immunised at school. About 200 school children received primary immunisation and about 600 reinforcing injections were given in the last three months of 1960. A few children, mostly under school age, were given injections against *whooping cough*, but for the most part their parents understandably prefer immunisation with triple antigen.

Poliomyelitis vaccination. This has continued at full pressure in my area during 1960 but most of the school children whose parents agree have completed their courses, and we have mostly been concerned with adults and infants.

B.C.G. vaccination. The scheme has been carried out in all the secondary schools in my area, with very little fuss. The response has been a little disappointing in some places, less than half the parents giving their consent. Many thanks are due to the teaching staff who co-operated most valuably in marshalling the children for skin-tests, etc.

Inter-relationship between N.H.S. and S.H.S. Very good relations have been maintained and this has been most helpful, particularly as regards the B.C.G. scheme. I am sure that continuity of contact between various members of both N.H.S. and S.H.S. is an important factor. Without a good relationship of this sort, the S.H.S. is almost useless, and I take much interest in this aspect of our work."

Dr. D. R. McCAULLY (Parts of N.W., N.E. and Mid. Divisions):

"*The general health and well-being* of the school children whom I have examined in the past year was, with a few exceptions, uniformly good, and there was a high standard of cleanliness generally. The exceptions belonged to families in difficult circumstances, most of which were already under observation. I saw no cases of pediculosis and only a few of scabies, impetigo, verruca and tinea circinata. Ear infections continue to be a source of trouble, although the incidence

of permanent damage resulting in partial deafness is extremely low and most of these cases receive immediate attention.

The *school meals* were generally availed of, and the numerous meals which I have, myself, eaten were, without exception, reasonably palatable, and well served. I found the meals at schools which had their own kitchens to be of a high standard. In the schools which have to depend on food transported in containers some of the palatability is, of necessity, lost, but these still maintained a reasonable standard.

The *milk-in-schools* scheme was, also, well patronised. I think that it is unfortunate that biscuits are also consumed with the milk in view of the frequent dental decay which one encounters. But I do not regard this as restricting the scheme in view of the great benefit to children's health, generally, of consuming a daily ration of milk.

The *hygienic condition of the schools* was of a good standard. Some of the rural schools had poor lighting owing to small windows. Such schools must depend on artificial lighting in winter which is, in some cases inadequate. I think that strip lighting in these circumstances would be a great advantage.

School meals are usually consumed in the classrooms, though in a few cases a village hall is available for this purpose. I think that this works quite well, although it necessitates a good deal of "tidying-up" by the children and supervision by the teachers.

In a few instances hot water is not yet available for washing purposes in the rural schools, but it is hoped that this will soon be remedied. There are, also, a few schools which have not yet got main drainage for sewage disposal and depend on chemical closets. These were, without exception, well maintained.

The *attendance of parents* at school medical inspections continues to be good for infants and juniors but falls off greatly in the case of older children.

I found the vast majority of the children to have been *immunised* against *poliomyelitis*, either at County Clinics or by their private doctors. *Diphtheria immunisation*, too, was fairly satisfactory, although there is room for improvement especially in regard to the "booster" on school entry. Since the recent diphtheria outbreak at Derby, out of the figures which I have collected—some 400 children—67% had been immunised in infancy, but only 30% of these had the "booster" dose. There is now a greatly increased interest of parents in diphtheria immunisations which, I hope, will continue.

The *B.C.G. scheme* has proceeded satisfactorily and I am now carrying out annual sessions at the secondary and "mixed" schools. The "acceptance ratio" has been quite good, varying between 60% and 80%."

Dr. B. E. JOHN (Parts of N.E., S.E. and Mid. Divisions):

"*General health and well-being of children* is good in all cases and all areas.

Physical condition of the children is good with the exception of widespread dental caries. A few cases of flat feet, congenital defects and epilepsy, with a few cardiac conditions seem to be the most prevalent disabilities. Upper respiratory tract infections seem to be less common and throat infections do appear to diminish as the child reaches the age of seven or eight—this has been more marked as the hospitals near the area seem to have adopted a more conservative attitude to tonsillectomy recently.

The cleanliness of pupils : The majority of pupils seen were clean and those who were dirty suffered from a superficial dirt and were not infested. One case of scabies was seen and none of impetigo.

School meals ; the milk-in-schools scheme : School meals were of a uniformly high standard with more palatable meals being provided in cases where the meals were cooked on the premises. Milk in schools continues to be provided.

The hygienic condition of schools : Ventilation, lighting and heating are good in nearly all schools. Sanitation remains unsatisfactory in the old schools especially in rural areas and in old buildings. Lavatories situated outside the school building and at the end of a yard are not in my opinion satisfactory and neither are uncovered urinals of which there appear still to be a number.

Infectious diseases : Measles and whooping cough were fairly prevalent at the beginning of the year, and more recently mumps has been fairly widespread.

Attendance of parents at school medical inspections : This is good in the case of five and eleven year old children but poor in the case of leavers.

Immunisation procedures : *Diphtheria immunisation* is carried out mainly as booster injections on five year old children. Very little immunising is done in Infant Welfare Clinics in this area as parents tend to object to the large number of injections required in the first year of life if single antigens are used.

Whooping cough vaccination—Very limited, a few at outlying Infant Welfare Clinics where it is difficult to reach the general practitioner.

Polio myelitis vaccination—The numbers receiving injections appears to have fallen considerably in recent months ; presumably the bulk of the population has been vaccinated of those who intend to benefit from it, and it is now beginning to approach a maintenance level.

B.C.G.—This was offered to the schools in this area for the first time. The response was variable, extremely good in some areas but less pronounced in others. The co-operation of the teaching staff was of great benefit in connection with this."

Dr. F. G. BRILL (Part of N.E. Division) :

"The general health and well being of the school children was satisfactory. There was the normal high rate of absences among infant entrants due to upper respiratory tract infections, and measles and chicken pox outbreaks accounted for a good proportion of non-attendances. There are still several families in the district where the illness of one member is the signal for all the children to stay away from school, but this state of affairs is being changed gradually.

Physical condition :—

(a) As reported by me last year, dental caries is rampant in the area, and since the loss of one dental officer, the situation is rapidly deteriorating. There are only five private dental practitioners in the neighbourhood, none nearer than two—three miles, necessitating inconvenient 'bus trips. It is practically impossible to have children accepted by Dentists as regular patients, even if their parents are regular attenders, owing to full lists. This added to the overall picture of poor oral hygiene, low fluoride content of the water, high consumption rate of sweet and farinaceous foods, presents a gloomy aspect at every school inspection. If the recruitment of Dental Officers is so difficult, a possible second line attack on the caries incidence could possibly be made by specially trained dental hygienists.

(b) *Enlarged tonsils and adenoids* were still a prominent defect, but, possibly due to the good summer of 1959, there was an overall decrease in the numbers seen. However, the number of cases occurring as complications of recurrent streptococcal tonsillitis, i.e. scarlet fever and acute rheumatism, remain about constant.

(c) Eye defects were again found to be fairly common, but most cases of squint were already under treatment by the time the children were of school age.

With the co-operation of the Head Teachers, children refusing to wear their spectacles in school are becoming fewer, and amount to a mere handful of well known "hard cases."

(d) *Nocturnal Enuresis* continued to crop up frequently, and several mothers attended inspections to ask for help.

(e) *Emotional instability* accounted for quite a few cases exhibiting behaviour problems, delinquency, truancy, pilfering, lying and enuresis.

Those children which were obviously in need of expert handling were referred to the Child Guidance Clinic. During the year Dr. Salfield left the Hackenthorpe Clinic, and I would like to record my appreciation for his help and co-operation. Dr. Salfield was replaced by Dr. Thorpe, who continues to provide invaluable services in this area, which are appreciated not only by me but also the patients and their parents and teachers.

(f) *Obesity* : Many children in all groups are over weight, and some grossly so. In my opinion, this is due to two main factors; (i) over-indulgence in carbohydrate foods; (ii) emotional difficulties and frustration, giving rise to compensatory over-eating, both at regular meals and frequent snacks.

I have dealt with this problem by interviewing the parents to try and find out the underlying cause, and suggested dietary modifications, and have referred some cases to the Child Guidance Clinic.

(g) *Eczema—ichthyosis—asthma* cases continued to be noted at about the same as last year level. With the co-operation of the local general practitioners I have sent a small number of children who were seriously handicapped by asthma to a certain consultant for treatment by hypnosis. The children all appeared to have benefited substantially, and are now being followed up.

Cleanliness of pupils remains good in all schools inspected, the main exceptions being members of the local "problem" families. No cases of scabies or impetigo have been seen, and verminous heads were infrequent.

The school meal service continued to function well.

The Milk-in-School scheme continues to be well patronised, and I am glad to be able to report that increasing numbers of schools in my area are suspending the sale of biscuits. As reported last year, combination of milk and biscuits in a mouth with already damaged teeth, and poor oral hygiene, can only accelerate dental decay.

B.C.G. Vaccination is carried out in all secondary schools, and was also offered to secondary schools in the next vacant area. The acceptance rate varied from 98% to 60% and as a result of steady propaganda among parents and teachers will continue to rise. On the whole the response has been most gratifying. I am continuing to recommend x-ray examinations for all children found to be tuberculin positive, and although no cases of active tuberculosis have been found, it is interesting to note that the children recalled for further examination have by no means had the severest re-action to the Heaf skin test.

In some doubtful cases, I have postponed the vaccination and carried out repeated skin testing by intra-dermal Mantoux test, and found that 50% of these children were positive reactors.

There has been a steady decline in demand for *Poliomyelitis* vaccination, mainly due to saturation point being nearly reached, but there are still some parents who put off this step until they have had the chance to talk about it at a school medical inspection.

Diphtheria—Pertussis—Tetanus Immunisation: Following the recent outbreak in Derby of diphtheria, there has been some quickening of interest in this prophylactic measure. All mothers attending the infant welfare clinic have had their children injected by either the family doctor, or at the clinic, and parents of infant school entrants who have not had any immunisation previously, have on the whole re-acted well to the suggestion that this step should now be caught up with. I have continued to give booster doses at infant schools, and hope to extend this measure to 10-11 year olds in the junior school, during the coming year.

Small pox vaccination is not in popular demand, but a few mothers have attended during the year for this.

Points of special interest :—

(i) The area covered by me in N.E. Division is a fairly compact one, covering two large housing estates and a mining village. In the two years in which I have been working in the area I have become increasingly aware of the lack of facilities catering for entertainment in the area. We have a definite social problem, created in the first place by the transfer of population from Sheffield to the housing estates, and the consequent breaking up of close family ties. The population of the estate is a young population, with a high proportion of school children and teenagers. Many parents in their desire to provide the luxuries of life in the shape of cars, bigger and better television sets, washing machines, mechanical toys, etc., both go out to work, and thus deprive their children of one of the greatest essentials to a good life, the stable influence of a mother at home. In the case of sudden illnesses or accidents at school, the problem of what to do with the child is often a difficult one to settle, and I have also become increasingly worried of recent months about those younger children, who roam the streets between leaving school and their parents' return from work.

Several schools do run play centres, which, while excellent in themselves, do not provide the complete answer. It has been recognised that this problem is one of the keys to subsequent delinquency, and from recent publications one gathers that other countries abroad are trying to tackle similar conditions on a small scale but realistic experiments in order to provide later on a service geared to the needs of the community. Such a pilot scheme is at present run in Bonn, in West Germany.

What is needed in the area is something like a large scale community centre with a library to enable some of the children to do their homework in peace, a play room for both older and younger children, playground and games field. Such a centre could eventually be expanded to deal for all tastes to jam session and jiving, as well as cinema exhibitions, lectures, etc. These children growing up in the housing estates are not going to be contented with school, T.V., local scout and guide troupes and youth club activities. There is a group of public spirited members of the community who run youth clubs, where activities centre on school premises, and scout and guide troupes which in the main attract only those children who are active church members. All these activities appear of necessity to touch only a small proportion of the youth on the estates, and there are still many children outside these activities.

For another group of children, particularly those who are not satisfied by limits imposed by the above activities, and who get bored by their home surroundings, and crave for activity and adventure, the ultimate destiny in many cases is an appearance before the Magistrates. The children in particular present a very grave and urgent problem, which merits consideration at all levels of the medical and education services.

(ii) It is hoped to form some estimate during the year 1961 of the extent of backwardness and educational subnormality. I am greatly indebted to the help I am receiving in trying to assess the

problems and making survey, by all the Heads of the schools concerned, and the Divisional Education Offices, as well as the County Authority."

Dr. A. CHYNOWETH (Part of N.E. Division) :

"The general health and well-being of the children : Most of the children in this area are adequately clothed and fed and happy. The occasional child who is not often belongs to one of the many problem families and is already under the supervision of the Health Visitor.

Co-operation between teaching staff and parent is good, most head teachers being interested in the child who for any particular reason requires more attention than the average.

The physical condition of the children : 7.2% of all children examined at periodic medical inspections had defects of vision requiring treatment. No correlation could be demonstrated between poor vision and television viewing but many of these children were in the habit of reading in bed under poor lighting conditions. Most other defects were of a minor degree, not requiring treatment, e.g. umbilical hernia, genu valgus and pes planus.

The cleanliness of the pupils : The standard of cleanliness was good. In the few cases where the children were dirty, temporary improvement often followed a visit from the Health Visitor to the home. Few cases of impetigo were seen at the minor ailments clinic, but as the general practitioners also treated this, no clear-cut picture could be formed. Infestation with head lice became a major problem at one school but it was quickly cleared by the Health Visitor and no nits have been seen for the past month.

School meals; the milk-in-schools scheme : In most emotionally unbalanced children feeding problems were very common. In this respect school meals played an important part in their social training. The meals themselves were adequate and well served, but not enough children took the advantage of this service or the milk-in-school scheme.

The hygienic conditions of schools : This was found to be fairly satisfactory but the lack of medical inspection rooms was rather trying to both myself and teaching staff. Where they were provided they were inadequate. The canteens appeared to be satisfactory and well staffed providing adequate service.

Infectious diseases : There have been no serious outbreaks of infectious diseases in this area since February 1960.

There appeared to be an understandable reluctance to wear *N.H. spectacles* amongst the children whose parents were not prepared to pay for the more attractive frames. This could have a marked psychological affect, undermining the child's self confidence.

Immunisation procedures : Since the outbreak of diphtheria in the County, there has been a good response to the movement for active immunisation of school children. Previously some parents had been most reluctant to give their consent to immunisation

procedures. One of their main objections was the number of injections necessary to give immunity against diphtheria, pertussis and tetanus. A large percentage of the eligible population in this area has been vaccinated against poliomyelitis.

It was interesting to note that 16.4% of leavers examined had been vaccinated against smallpox as a baby but only 9.7% of entrants examined had vaccination scars. These figures are far too low and show an actual falling off of artificial immunity to smallpox in this population. Although this is an M. & C.W. problem, the above results, which became evident at school medical inspection, should be taken very seriously.

The inter-relationship between the National Health Service and the School Health Service : The General Practitioners in this area have been most helpful with regard to referring children for specialist advice or investigation. Information has been easily available from the hospitals."

Dr. J. D. HALL (Part of N.E. Division) :

"Physical condition of the children : The overwhelming majority of children were without significant physical defect. Many, as in other areas of the country, shewed the effects of excessive eating. The undernourished child must now be a rare phenomenon, and it may well be that the time will come when the value of subsidised school meals and free milk to all, irrespective of need, may have to be reconsidered.

Cleanliness : No cases of confluent pyoderma or scabies have been seen. The incidence of pediculosis capitis et corporis has been minimal.

Hygienic conditions of schools : The cleanliness and general appearance of the schools in this area are, without exception, beyond criticism. The ventilation, lighting, heating and sanitation of the older schools is as good as can be reasonably expected.

Infectious diseases : Chicken pox has been mildly epidemic; no large numbers of other infectious diseases have been observed. No cases of bacillary dysentery have been reported to me.

The *attendance of parents* at routine medical examinations has observed the common pattern and has diminished with the age of the child."

Dr. A. R. ROBERTSON (Part of N.E. Division) :

"I have continued to be the Medical Officer for one Grammar School only. The general health and well being of the children has been very satisfactory and their physical condition has been very good. As always they have been very clean. No serious outbreak of infectious disease came to my notice."

Dr. P. WEYMAN (Part of Mid-Division) :

"The general health and well-being of the children was considered good. Their physical condition was also considered good. These comments are general and reflect the findings noted on school medical record cards.

With the general increase in fitness over the years is it not time to consider a revision of the medical record card ? Much more interesting and detailed information could be made available each year, if, in addition to the routine medical examination this was combined with a national survey—each year on a different subject. Reasonably accurate information could be obtained on the numbers of children in whom enuresis continues to a late age ; do children have a proper breakfast before coming to school ; how many children have a good toothbrush ; does a child share a bed at night ; is there a fireguard in the home ? All these and other factors may have a bearing on the behaviour and development of a child.

Standard record cards which can be analysed by machine would be a great saving of clerical time.

Cleanliness : The pupils are clean and no children with pediculosis, impetigo or scabies were seen by me. Teachers, Health Visitors and School Nurses do a considerable amount of work in this connection. Films on grooming and other aspects of care have been shown in schools.

School meals, and milk-in-schools schemes continue as usual. It is unfortunate that mid-morning biscuits have to be sold to increase the money available for use in the schools. If money must be made in this fashion more care in the choice of material for sale is required. Bad habits should not be encouraged in school.

The hygienic conditions in schools have been the subject of reports. One would like to see much more new building in connection with infant and junior schools. However, the new buildings, whilst a great improvement, are not without criticism.

Infectious diseases continued their accustomed courses. More thought and care by parents might have prevented other children becoming infected.

The situation regarding *dental care* was brought to mind whilst taking swabs from children in an infant school where there had been a suspected case of diphtheria—the case was not confirmed and all swabs were negative. The opening of mouths for inspection of throats brought to light row after row of carious deciduous teeth. An awful sight in young children. Should these be considered to be the result of malnutrition ? Whether the caries is due to improper use of sweet foods or the low level of fluoride in the water is it really right to say that these children are properly nourished ? Are school doctors wrong in their assessments when they say that such children are in reasonable health ?

The *various immunisation procedures* have been carried out as in previous years.

There is good co-operation between the School Health Service, General Practitioners, and Hospitals in this district. General Practitioners are most willing to help or comment."

Dr. T. URTSON (Part of Mid-Division from Jan.—June; part of N.E. Division from July—Dec.) :

"*The general health and well-being of children* remains good and the *physical condition* of the children is satisfactory. With the exception of defective vision, most of the defects found were known to the parents and had been investigated and treated by the family doctors.

The standard of *cleanliness* is still highest among the pupils in infant and junior schools, but deteriorates in the secondary schools.

The *school meals* continue to be satisfactory on the whole.

Hygienic conditions of schools continue to improve. Washing facilities are very good in all schools, but the outdoor toilets in the majority of the schools require attention. Facilities for school medical inspection remain inadequate and unsatisfactory.

Of *infectious diseases* there was an outbreak of mumps and chickenpox in two districts.

(a) Following the outbreak of a few cases of diphtheria in Derby, there was a sudden increase in demand for primary *diphtheria immunisation*.

(b) *Whooping cough vaccination* is carried out entirely by the general practitioners.

(c) *Poliomyelitis vaccination* is now very widely accepted.

Health education continues to move smoothly on the lines mentioned before—posters, leaflets, discussions. I realise that this is not an ideal approach—it hands out information, but fails to stimulate the interest in "health" problems. But it is the best I can do under the circumstances. Few children complained of feeling nervous during the pre-examination period."

Dr. W. J. MORRISSEY (Part of Mid-Derbyshire) :

"The *general state of health* of the children in the schools in my area continued to be satisfactory. I have found no child who is undernourished and very few badly or inadequately clothed.

There are still a few "*problem families*" in this district who continued to be a source of concern but the regular conferences between officers of the County Welfare Department, the Children's Department, the School Welfare Officer, the Health Visitors and the officers of the local district council have proved to be of value in assisting certain of these families, and with a view to helping out even more it has been decided to continue to hold more of these meetings in the future.

Cleanliness : The satisfactory level of body and head cleanliness has been maintained. There was, however, an increasing number of dirty heads in some schools in the early part of the year,

when one of the Health Visitors left the County Service and no head inspections were thus carried out for a period in these schools. The position has now been rectified, however, the full complement of staff are now on duty and inspections are proceeding normally.

Immunisation procedures : The *diphtheria* and “*polio*” *vaccination* schemes continue to work fairly satisfactorily, although the public interest in the “*polio*” schemes has “waned” during the year and numbers coming forward have been gradually diminishing. Difficulties have been experienced in the operation of the immunisation schemes by virtue of the fact that some injections are given by G.P.’s. and some given by County Medical staff, and this has resulted in some confusion and “overlapping” regarding dates.

The *B.C.G. vaccination* scheme was commenced in my district during the year. Visits have been paid to two schools and as a result 432 children were vaccinated.

School Premises : There is only one post war school in my area. Work to bring the premises built before the war up to modern standards has been continued throughout the year. The installation of hot and cold water in cloakrooms has now been virtually completed in the majority of schools but there still remains the old type of water toilets in playground yards. This type of W.C. can no longer be regarded as suitable for the needs of children. In some cases they are old, damp, draughty with inefficient flushing mechanisms and should, in my opinion, be substituted by the provision of modern indoor water toilets.

School Meals : Washing up and serving facilities in all schools are good, although dining room facilities in several schools are not satisfactory. In one instance the children have to walk a considerable distance from school to a hall for their mid-day meal. Cleanliness of canteens, serveries, utensils and staff has remained satisfactory during the year. Out of all the schools in my area, only at one are meals prepared, cooked and served on the same premises.”

Dr. J. DUTHIE (Part of Mid- and S. Divisions) :

“The following are impressions gained in the course of school health work in an area of mixed rural and urban communities.

The general physical well-being of pupils and their standard of hygiene (excepting problem families) are good throughout all income groups.

There is a notable decrease in dental caries in isolated rural communities (where there is no local shop) as compared with urban districts.

School meals are well prepared and show variety ; and the protein content, although not high, is reasonable.

B.C.G. continues to be widely accepted and parents are also showing more interest in diphtheria immunisation.

There is considerable prejudice among parents against special schools for educationally backward children and considerable resistance is often met within cases proposed for admission.”

Dr. G. STOREY (Parts of Mid. and S.E. Divisions) :

“General Health and well-being of pupils has been on the whole, very good.

Physical condition : Majority of pupils satisfactory. A fair number of obese pupils were seen, especially among the second age group, with a preponderance of boys over girls.

Cleanliness of pupils : Certain districts produce repeated cases of pediculosis but they are controlled well with the aid of health visitors and modern methods. One or two cases of scabies were seen.

School meals and milk-in-schools scheme : Both seem to be moving along the usual lines. Much has been said for and against the latter scheme but it would seem the disadvantages outweigh the advantages.

Hygienic conditions, etc. : There is wide variation in this respect with modern schools being satisfactory, except in that medical room facilities are often not as suitable as they might be. Some of the older schools in rural districts especially are in need of repair and improvements.

Several cases of diabetes mellitus have come to notice. Perhaps routine urine-testing of school children would reveal early cases and would be an advantage.

Immunisation procedures :—

- (1) *Diphtheria :* The response has been along the usual lines, although there was a peak request towards the end of the year.
- (2) *Polio :* There has been a steady decline in the numbers being injected, presumably because most people have been done. Large numbers were injected at collieries, factories, etc.
- (3) *B.C.G.* There is always a good response to this procedure,”

Dr. T. HAYNES (Part of S.E. and S. Divisions) :

“General health and well-being of the children : On the whole the general health of the children is good. In all schools there is a small proportion of unsatisfactory children from unsatisfactory homes. In a few cases this is associated with ill health of one or both parents. More often the case appears to be emotional strife between immature parents who consequently cannot meet either the material or emotional needs of their families.

Physical condition of the children—Teeth : The incidence of dental caries amongst school children in this area is appallingly high. The amount of pocket money given to children seems to rise higher and higher. It is a pity the children cannot be persuaded to spend more on fruit and less on lollies.

Skin defects : There appears to be a high incidence of verrucas and athletes foot amongst the eleven plus and school leaving age groups. Acne is also a common finding amongst school leavers.

Eczema is not uncommon and appears to relapse at stress periods in the school career. I find impetigo and scabies very rare in this area, having seen only two cases of impetigo in twelve months.

Eye defects : Defects of vision and squints are very common in all schools.

Upper respiratory tract : In this area the incidence of enlarged adenoids, with resultant middle ear infection and poor speech, is very high in the age groups five to eleven years. It is quite a common cause of intermittent deafness, and I am sorry to say in neglected cases minor degrees of permanent partial deafness. It has surprised me how many mothers do not realise the seriousness of discharge from a child's ear, or complaint of recurrent earache.

Lower respiratory tract : During the past twelve months disorders of the lower respiratory tract have not been found commonly, at routine medical inspection. Asthma and asthmatic bronchitis have been found more commonly than for example bronchiectasis.

Heart and circulation : The finding of systolic murmurs in the heart at routine medical inspection has been a quite common experience. While many of these murmurs have been functional in origin, several have been proved to be due to congenital cardiac defects.

During twelve months I have seen only one case of rheumatism presenting as a cardiac murmur found at routine inspection. It seems to me that this is because the condition is diagnosed earlier in its course, certainly not because it is becoming less common. In fact there seems to be high incidence of children referred by the head teachers or by parents complaining of flitting limb and joint pains associated with sore throats, anorexia and pallor.

Orthopaedic disorders : Poor posture has been a marked finding amongst the eleven plus age groups, more in the girls than the boys. Flat feet are another common finding. The standard of shoes worn by school girls is very poor. Most girls now appear to wear court type shoes either with no heel or a small stilleto type heel. I do not think that health education talks will ever be a successful competitor with the modern shoes for teenagers.

Nervous system : There are several children suffering from epilepsy attending ordinary day schools in this area. These children, thanks to the helpful co-operation of the teaching staff, lead as normal a life as possible and do not feel conspicuous because of their handicap. Other physically handicapped pupils attending day schools in this area include two cases of meningomyelocele and three cases of myopathy. These children are very happy at school and I feel that it is better for them to remain at home with their parents and attend a normal day school as long as is possible.

Cleanliness of pupils : There is a high standard of cleanliness generally, and pediculosis is rare. I have seen four cases in twelve months. Impetigo and scabies are extremely rare.

School meals, and milk-in-schools : These provide an excellent opportunity of making sure that the small proportion of children who are undernourished because of home difficulties receive at least one adequate meal in the day. They also play a great part in educating children to eat a balanced meal and help the child to develop good table manners. The value of milk in school seems debateable at the moment. I would be sorry to see the milk in schools stopped, but I feel that it might be more valuable if made available earlier in the morning. I have been shocked to find how many children in this area come to school without any breakfast, or only having had a cup of tea and a spoonful of cornflakes, or a slice of toast.

This is mainly because they have to get it themselves, mother having gone to work early.

Hygienic conditions in schools : In the modern schools the conditions are very good, but in the older schools there is often much to be desired in the way of heating, indoor sanitation, and washing facilities. A great lack in the older schools is the lack of adequate space for medical inspection and eye testing.

Infectious diseases : We have been fortunate so far in not having any case of diphtheria in this area. Measles has been widespread in the Chaddesden and Alvaston schools. Two days before closing for the Xmas holidays approximately half the children attending Alvaston Infant school were absent due to measles.

Attendance of parents at school medical inspection : I am very disappointed by the low attendance of parents at the routine school leaving inspection. This I feel is due to the fact that the children think it is babyish for the parents to come when they are so old, and the parents feel that it is an unnecessary formality. To combat this in one school the Headmaster has sent a circular to parents explaining the purpose of the examination. So far we have met with little response.

Immunisations :—

Diphtheria : Because of the occurrence of cases of diphtheria in Derby, immunisation against diphtheria has been offered to each child in all schools in this area. (At the time of writing, one and a half schools remain to be done). "Open" sessions have been held for this area at Chaddesden Clinic on Wednesday mornings, and will continue for the time being. The response has been great, so long as the children could be done in the schools. The response to clinic appointments for those absent from school on the day of immunisation has been very poor. It has been surprising to find how many children in the nine to fourteen age groups have never been immunised and I have been more than surprised to find how many mothers do not know what immunisations their children have had.

Whooping cough : There is an increasing demand on this area for immunisation against whooping cough at the Infant Welfare Centres. It seems likely that this is due to the fact that the mothers find it easier to take the baby and have him weighed and immunised all at once at a time convenient for her, i.e. during the afternoon.

Polio immunisations : It seems to be becoming a common occurrence for whole families to come for immunisation together.

Inter-relationship with the National Health Service : I have been grateful for the helpful co-operation of many general practitioners in this area and also for the help of the Derby Children's Hospital, but I feel that we could be still more unified in the common purpose—The Child and His Health."

Dr. A. M. HAMILTON (Part of S.E. Division) :

"General health and well-being continue to be good.

Physical condition on the whole is good, with the exception of bad postures in some eleven year olds.

Cleanliness on the whole is good. Fewer nits in hair have been seen this year.

School meals, and milk-in-schools : Both these services continue to perform useful functions.

The only *epidemic* which has been noticed has been a sporadic outbreak of catarrhal jaundice, affecting children at all school ages and in several schools.

Attendance of parents at school medical inspections : This seems to be improving, especially in the older age group where it is never so good as in the infant schools. This improvement is almost wholly due to the interest taken by the Heads of schools in the medical inspections.

Diphtheria immunisation has received a sudden impetus from the cases of the disease which occurred this autumn in a nearby County Borough, and has been resumed in the schools this year. A few infants have received *whooping cough* immunisation only.

Polio vaccination, on the other hand, is shewing a regrettable fall, as many as 50% of those who have applied for vaccination failing to attend when called to the Saturday morning session.

B.C.G. vaccination is now offered to all unvaccinated children of thirteen and upwards in the schools and also to students in the Technical College, and the response has been good. The number needing vaccination, (i.e. those whose preliminary skin test is negative), remains about the same in each school and as in former years,—between 25% and 35% of those tested."

Dr. R. DEAN (Parts of S. and Mid. Divisions) :

"General health and well-being of the children : The standard of general health is most satisfactory. Noted under this heading was the high incidence of upper respiratory catarrh in infant and junior departments, especially during the Autumn term.

The physical condition of the children appears to be very good. Highest in the list of defects are dental decay, visual defects, and minor skin complaints.

Cleanliness of pupils : Only one case of flea infestation and one of lice infestation were encountered. A greater proportion of dirty children were seen in the leaver group in secondary modern schools.

School meals are popular and appear to be nutritious and varied.

The hygienic conditions in schools continue to improve with the possible exception of effective permanent ventilation in classrooms of new schools. Some of the older schools are better equipped in this respect.

Infectious diseases : Apart from a moderate incidence of mumps and chickenpox, it has been a good year in this area.

Immunisation procedures : There has been a big increase in the demand for *diphtheria immunisation* and special sessions have been held in schools and clinics. The number of children attending *polio immunisation* clinics was slightly reduced this year. B.C.G. All senior schools were visited and the acceptance rate was about 50%.

Dr. C. G. WOOLGROVE (Part of South Derbyshire) :

"The general health and well-being of the children : The children appear to be very fit and lively in their school life.

The physical condition of the children : A high standard is being maintained.

Cleanliness of the pupils : This is very satisfactory.

School meals : These continue to be of great importance, especially with children who have to travel for a distance, or where the mother goes out to work. The quality of the meals cooked on the premises has been excellent throughout the year. This is a service which I am sure is a boon to parents and pupils alike.

Milk-in-schools : This is of great value to the children and most of the pupils enjoy it.

Hygienic conditions of schools : In my opinion these continue to be excellent. It must however be reported that all the schools in my area are of modern structure and design.

Infectious diseases : The occurrence of cases of diphtheria in Derby Borough with the resultant death of two school children greatly affected the work of the School Medical Officers in the district. Parents were quick to react to the situation and we were fortunate that the County Clinic, Maine Drive, Chaddesden, was open in time to deal with those parents who wished their children to be immunised against diphtheria. As a general precaution, it was decided that immunisation should be offered to all school children in the local schools and there is no doubt that this service was greatly appreciated. Unfortunately, the reappearance of this disease after a number of years absence serves as a stern reminder to all parents and School Medical Officers that all school children on entry to school should have been fully immunised, and if this procedure has not been carried out, to do all in their power to see that it is done at the very first opportunity. It is particularly important that the junior schools should not be missed, as the impact of the disease during the recent outbreak appeared to be more severe amongst

children of over eleven years of age, thus underlining the fact that booster injections should be given at five and ten years of age, even if the child did receive primary immunisation in infancy.

Attendance of parents at routine school medical inspections : This has continued to be good, especially with the entrants, and great interest is shown in their well-being.

The innovation commenced last year, of carrying out inspections of school leavers at the same time as the school is visited by the Youth Employment Officers, has been continued. This does ensure that the child does receive a medical inspection before leaving school and taking up a post in local industry. Defects which are observed at this time can be remedied and/or the appropriate treatment arranged with the family practitioner.

Immunisation procedures : (i) *Diphtheria immunisation.* This has been dealt with above.

(ii) *Whooping cough vaccination :* I look forward to the day when diphtheria and whooping cough vaccination combined can be given to all infants attending clinics in the County area. There is no doubt that this procedure would minimise the number of injections given to infants.

(iii) *Poliomyelitis vaccination :* It is encouraging to report the good response for this vaccination in the area, and I hope this will continue, particularly when the age group is further extended on the 1st January, 1961.

(iv) *B.C.G.* My thanks are due to the headteachers and teaching staff of all senior schools in the area for their help in furthering the campaign against tuberculosis by ensuring that as far as possible all their pupils from the age of thirteen years have the opportunity of receiving B.C.G. vaccination. The acceptance rate continues to be over 75% in most schools.

Inter-relationship between the National Health Service and the School Health Service : The co-operation between the general practitioners and the Local Health Authority Services continues to be excellent. Reports and correspondence received from hospitals and specialists are also very helpful."

Dr. J. W. CRAWSHAW (Part of South Division) :

"*The general health and well-being* of the children is very good but many children stay up too late at night and are weary in the morning. The children are generally lively and full of energy. Few children show any fear of medical examination and the younger ones appear to enjoy it.

The physical condition of the children is generally good and the great majority are well grown and sturdy. The modern treatment of infections in early infancy has greatly reduced the amount of chronic disease in school children.

The *cleanliness* of the pupils is very good and I have seen no cases of impetigo or scabies during the past year. Pediculosis is uncommon.

School meals are now a necessity when so many mothers go out to work. The meals are nutritious and are enjoyed by the children. I consider that they are of great value in teaching faddy children to eat proper food. *Milk-in-schools* is useful for most of the children but the fat children would be better without it.

Infectious diseases have not been severe in this area during the past year.

Attendance of parents at medical examination of infants is extremely good—older children ask their parents to stay away.

Immunisation—Diphtheria : Response has always been fairly good in most areas, but since the outbreak of diphtheria in Derby, there has been a great demand for protection.

Whooping cough : Demand for this immunisation is increasing.

Poliomyelitis : The level of immunisation is quite high.

B.C.G. The demand for this is increasing and is now at a high level.

Hygienic conditions are now good in most schools as new schools are built and old ones improved."

Dr. M. ALLAN (Part of South Division) :

"General health and well-being : From seeing the children in the class-rooms, on the playgrounds and playing fields, and from the observations of ordinary medical inspections, it is quite obvious that the children's health is very good.

Physical condition of the children : I see very few children who can be classified as "unsatisfactory," and these are usually suffering from some form of illness, and there is no doubt that the good health and high standard of nutrition is the result of wise and loving parental care.

Cleanliness of the pupils : I have seen few cases of impetigo, a few children with nits, but unfortunately this year two cases of school children with scabies. These scabies cases were dealt with at the Clinic and the families concerned were dealt with by the District Councils.

School meals : It is quite pleasing to see such attractive school meals, and I am sure this cannot be achieved without a great deal of care and planning on the part of the kitchen staff.

Hygienic condition of schools : A good deal of repair and replacement work has been done in the schools and much outside and inside decorating which make a very great difference, both to teachers and scholars. In the older type of school more attention could be paid to the accommodation, including toilets, for the teachers.

Infectious disease : There was no epidemic throughout the year, but towards the end of the year there was a good deal of chicken-pox and mumps which interfered with school attendance.

Immunisation procedures : (i) *Diphtheria immunisation* was falling off because of the very active interest in polio vaccination, but as a result of the outbreak of diphtheria at Derby Borough towards the end of the year much more immunisation was done, and perhaps this impetus will continue into the New Year. For the booster or reinforcing doses I get an excellent response from the school entrants, and I have had the utmost assistance from the school teachers.

(ii) The parents have readily accepted *polio' vaccination* and, of course, now that it can be done on demand at the ordinary Clinics this will make it much easier for the parents and the children.

(iii) The *whooping cough* vaccination continues to be popular enough, but we have to compete with the "triple" vaccine which is used by the local General Practitioners.

(iv) *B.C.G. vaccination*—In carrying out these vaccination I have had every assistance from the Head Teachers and I have had excellent responses at the schools. There have been very few troublesome reactions, and in dealing with the few cases I have had the utmost co-operation from the General Practitioners.

Co-operation between National Health Service and School Health Service : Co-operation continues steadily between the Local Authority Health Services and the General Practitioners of the area. The local Hospital letters are very valuable and save a lot of correspondence with General Practitioners and the Hospitals."

Report from the Excepted District of Chesterfield.

The following report has been received from Dr. J. A. Stirling, the Borough School Medical Officer, concerning the Excepted District of Chesterfield :—

"This is the last occasion on which I will be presenting the report for inclusion in the Annual Report of the Principal School Medical Officer. In doing so it gives me great pleasure to say that in general the standard of health of the school children in the Borough has never been higher and I think it is safe to say that this happy state of affairs has been brought about, at least partly, by the work of the School Medical Service, which, through the years has been responsible for regular medical inspection of pupils and constant follow up.

Of the 4,125 children examined in the prescribed age groups during 1960 only 78 or 1.89% were found to be in an unsatisfactory condition. The value of the School Health Service can be seen in the fact that perhaps one in eight children do require treatment or advice. Quite a large proportion of defects found are defective visions which, perhaps, have been aggravated by the misuse of television. There is considerable evidence that the majority of school children still go to bed too late in spite of the considerable health education which has been carried out by the staff of the School Health Service; we still find that inevitably children of five and six years of age are able to stay up late to watch a television programme.

As was mentioned last year, special note has again been taken during the year of the condition of the children's tonsils. It was found that while approximately 25% of the children have their tonsils removed up to the age of leaving school the proportion of school entrants whose tonsils have been removed has considerably increased over the previous year; this could mean that the age at which tonsillectomy is carried out has become somewhat lower.

An increasing problem has been the discovery of Verrucae even though all possible precautions have been taken in the way of attention to shower baths and individual gym shoes etc. This problem is most difficult to deal with and it is hoped that when the Chiropody Service is commenced that it can soon be extended to include treatment of school children. This will save a considerable amount of school time to those children who have to attend either School Clinics of the Royal Hospital where there is a waiting period of approximately two months.

Placement of handicapped children has again preoccupied the School Health Service of the Borough ; the largest group of handicapped children belong to the Educationally Subnormal Group. The opening of Ashgate Croft Day School for Educationally Subnormal Children has proved of immense value and forty-nine Borough Children now attend there. Nevertheless these number of places prove insufficient as there is already a waiting list of thirty or more children who might benefit from attendance there.

The facilities provided at Brambling House Open Air School have continued to give considerable benefit to those children who for physical or emotional reasons have not been able to take their proper part in the life of an ordinary school. After the Easter holidays the Physiotherapist increased her visits to the school to two sessions per week and in addition to the remedial physiotherapy classes a special class was commenced for remedial exercises for children suffering from respiratory diseases.

The Child Guidance Clinic, or as we prefer to call it, the Children's Centre, has always been an integral part of the facilities of the Open Air School and we particularly welcome Dr. Thorpe as our new Children's Psychiatrist. He will now carry out five sessions a week at the Children's Centre which will double the number of children receiving the interest of the team at the Centre. For the first time one Child Psychiatrist Clinic per week is being held at the Royal Hospital. This is particularly favourable for those patients who not only require psychiatric treatment but also the many laboratory and radiological methods which are available there.

Holly House Hostel has continued to work in close co-operation with the Children's Centre and mention must be made of the fact that most of the children there have their home in Derbyshire and this enables home case work to be carried out which is not always feasible for those children who reside in the area of other authorities. Most of the children are now adolescent girls between thirteen and sixteen years of age and this has brought with it many problems.

The appointment of a peripatetic teacher for the partially deaf has resulted in giving individual attention to those children who

suffer from some hearing defect. It is found that all such children residing in the Borough are adequately provided for and that many can carry on normal work in an ordinary school, with some guidance.

Once again Speech Therapy was interrupted owing to the resignation of Miss Goldthorpe who stayed with us for just over a year. It is regrettable that no replacement for her has yet been found even after considerable advertisement.

In October the only Assistant School Dental Officer retired on superannuation and there seems to be no prospect of securing a replacement for her. This in itself involves a serious curtailment in the treatment of the school children but when Mr. Littlar, our long serving Senior Dental Officer, retires early in 1961 it seems that there is about to be a complete breakdown of the School Dental Service in Chesterfield and it is to be hoped that some urgent special measures can be taken to prevent this."

TABLES OF THE MINISTRY OF EDUCATION

Number of pupils on registers of maintained and assisted primary and secondary schools (including nursery and special schools) in January, 1961, 117,732

PART 1—Medical Inspection of Pupils attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A—PERIODIC MEDICAL INSPECTIONS

PHYSICAL CONDITION OF PUPILS INSPECTED																	
Age Groups Inspected (By years of Birth)	TOTALS— Whole Administrative County				Divisional Executive												
	No. of Pupils Insp'd	Satisfactory		Unsatisfactory		North-west		North-east		Mid-Derbyshire		South-east		South		Chesterfield	
		No.	%	No.	%	No. In-spected	Satis. %	No. In-spected	Satis. %	No. In-spected	Satis. %	No. In-spected	Satis. %	No. In-spected	Satis. %	No. In-spected	Satis. %
1956 and later ..	1,912	1,880	98.33	32	1.67	206	100.0	654	98.6	236	99.6	278	95.3	344	99.4	194	96.39
1955 ..	3,980	3,814	95.83	166	4.17	413	98.8	1,312	95.3	474	98.9	552	85.9	692	98.8	537	98.51
1954 ..	4,105	3,976	96.86	129	3.14	618	97.7	1,635	96.1	472	99.6	276	85.5	864	99.5	240	98.33
1953 ..	1,231	1,168	94.88	63	5.22	144	95.8	652	93.9	141	100.0	65	83.1	168	100.0	61	90.16
1952 ..	462	420	90.91	42	9.09	88	81.8	175	88.0	72	100.0	13	100.0	77	100.0	37	86.49
1951 ..	276	250	90.58	26	9.42	69	86.9	77	81.8	60	100.0	10	90.0	19	94.7	41	97.56
1950 ..	633	614	97.00	19	3.00	126	93.7	108	92.6	116	100.0	8	100.0	12	100.0	263	98.48
1949 ..	3,789	3,711	97.84	78	2.06	736	97.8	764	98.0	636	100.0	483	94.4	324	99.6	846	97.75
1948 ..	4,695	4,617	98.34	78	1.66	700	95.4	1,565	99.2	653	100.0	652	96.1	733	99.1	392	99.23
1947 ..	2,117	2,065	97.54	52	2.46	292	85.9	907	99.8	217	99.5	321	98.7	318	99.7	62	95.16
1946 ..	2,938	2,909	99.01	29	0.99	289	96.2	629	99.7	291	100.0	119	97.5	210	100.0	1,400	99.07
1945 and earlier ..	6,450	6,346	98.39	104	1.61	1,071	96.6	1,805	99.8	943	99.9	1,353	96.5	1,226	99.1	52	90.38
Totals ..	32,588	31,770	97.49	818	2.51	4,752	95.9	10,283	97.5	4,311	99.8	4,130	93.9	4,987	99.3	4,125	98.10

TABLE B—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS
(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By Year of Birth)	Number of Pupils Found to Require Treatment						
	Total (Whole Admin. County)	Divisional Executive					
		North-West	North-east	Mid-Derbyshire	South-east	South	Chesterfield
FOR DEFECTIVE VISION (excluding Squint) :—							
1956 and later ..	19	5	8	1	—	3	2
1955	73	16	26	1	1	13	16
1954	106	32	49	7	3	11	4
1953	43	7	26	3	1	3	3
1952	27	5	12	5	1	3	1
1951	19	6	8	1	—	—	4
1950	37	12	7	7	—	—	11
1949	295	104	51	29	43	24	44
1948	435	103	145	46	59	61	21
1947	191	43	76	14	28	27	3
1946	198	52	50	28	17	14	37
1945 and earlier	766	219	210	115	94	126	2
Totals ..	2,209	604	668	257	247	285	148
FOR ANY OF THE OTHER CONDITIONS RECORDED IN PART II :—							
1956 and later ..	163	16	39	24	13	48	23
1955	493	51	118	75	38	130	81
1954	464	64	157	63	27	120	33
1953	124	10	57	16	3	20	18
1952	72	15	16	6	—	12	23
1951	52	13	7	4	—	5	23
1950	89	23	10	1	2	4	49
1949	347	104	43	46	24	54	76
1948	420	59	100	68	23	118	52
1947	212	37	45	24	13	70	23
1946	275	40	24	29	13	17	152
1945 and earlier	559	130	71	75	48	209	26
Totals ..	3,270	562	687	431	204	807	579
TOTAL INDIVIDUAL PUPILS :—							
1956 and later ..	167	19	46	24	14	40	24
1955	554	61	139	76	43	145	90
1954	519	79	184	66	29	126	35
1953	150	12	72	18	5	25	18
1952	88	17	23	10	1	14	23
1951	64	16	13	4	—	5	26
1950	114	30	14	5	2	4	59
1949	594	179	87	81	63	69	115
1948	801	145	231	114	82	159	70
1947	375	69	114	35	43	89	25
1946	446	81	73	58	25	27	182
1945 and earlier	1,215	295	277	169	138	310	26
Totals ..	5,087	1,003	1,273	660	445	1,013	693

TABLE C—OTHER INSPECTIONS

	Total (Whole Admin. County)	Divisional Executive					
		North- west	North- east	Mid- Derby- shire	South- east	South	Chester- field
Number of Special In- spections	3,529	204	1,241	81	343	651	1,009
Number of Re-Inspections ..	9,359	997	1,064	733	449	1,453	4,663
Totals	12,888	1,201	2,305	814	792	2,104	5,672

TABLE D—INFESTATION WITH VERMIN

NOTES.—A statement as to the arrangements made by the Local Education Authority for the examination and cleansing of infested pupils appears in the body of this Report.
All cases of infestation, however slight, are recorded.

Items (b), (c) and (d) relate to individual pupils and not to instances of infestation.

	Total (Whole Admin. County)	Divisional Executive					
		North- west	North- east	Mid- Derby- shire	South- east	South	Chester- field
(a) Total number of in- dividual examinations of pupils in schools by school nurses or other authorised persons ..	234,525	19,768	61,301	37,763	40,585	45,023	30,085
(b) Total number of in- dividual pupils found to be infested	2,699	510	1,169	424	275	165	158
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	—	—	—	—	—	—	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	—	—	—	—	—	—	—

PART II—Defects found by Medical Inspection during the year

TABLE A—PERIODIC INSPECTIONS

Note—All defects, including defects of pupils at Nursery and Special Schools, noted at periodic medical inspection, are included in this Table, whether or not they were under treatment or observation at the time of the inspection. The Table includes separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

WHOLE COUNTY

Defect Code No. (1)	Defect or Disease (2)	Periodic Inspections							
		Entrants		Leavers		Others		Total	
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
		(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin	188	115	211	127	141	73	540	315
5	Eyes— <i>a.</i> Vision	511	419	855	532	843	680	2,209	1,631
	<i>b.</i> Squint	234	130	74	43	97	58	405	231
	<i>c.</i> Other	39	24	22	26	54	25	115	75
6	Ears— <i>a.</i> Hearing	44	102	24	35	30	91	98	228
	<i>b.</i> Otitis Media ..	47	149	25	58	37	81	109	288
	<i>c.</i> Other	26	124	17	66	25	63	68	253
7	Nose and Throat	248	762	44	171	76	420	368	1,353
8	Speech	44	93	8	18	76	63	128	174
9	Lymphatic Glands	7	210	6	22	9	103	22	335
10	Heart	15	110	11	90	14	93	40	293
11	Lungs	97	393	35	103	70	158	202	654
12	Developmental—								
	<i>a.</i> Hernia	37	56	4	8	8	26	49	90
	<i>b.</i> Other	33	114	7	30	22	95	62	239
13	Orthopaedic—								
	<i>a.</i> Posture	23	42	32	61	62	103	117	206
	<i>b.</i> Feet	88	237	65	213	84	190	237	640
	<i>c.</i> Other	67	239	40	87	111	193	218	519
14	Nervous System—								
	<i>a.</i> Epilepsy	17	16	12	8	30	14	59	38
	<i>b.</i> Other	8	44	18	12	9	34	35	90
15	Psychological—								
	<i>a.</i> Development ..	20	66	3	28	38	183	61	277
	<i>b.</i> Stability	38	212	25	133	85	150	148	495
16	Abdomen	10	50	9	23	15	36	34	109
17	Other	119	186	56	176	107	241	282	603

TABLE B.

SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring treatment (3)	Requiring observation (4)
4	Skin	255	39
5	Eyes— <i>a.</i> Vision	403	446
	<i>b.</i> Squint	36	19
	<i>c.</i> Other	63	23
6	Ears— <i>a.</i> Hearing	22	59
	<i>b.</i> Otitis Media	20	36
	<i>c.</i> Other	19	24
7	Nose and Throat	62	185
8	Speech	25	26
9	Lymphatic Glands	2	65
10	Heart	8	63
11	Lungs	50	94
12	Developmental— <i>a.</i> Hernia	10	9
	<i>b.</i> Other	15	33
13	Orthopaedic— <i>a.</i> Posture	10	10
	<i>b.</i> Feet	41	39
	<i>c.</i> Other	27	76
14	Nervous System— <i>a.</i> Epilepsy	18	15
	<i>b.</i> Other	16	6
15	Psychological— <i>a.</i> Development	7	58
	<i>b.</i> Stability	56	30
16	Abdomen	9	15
17	Other	96	67

Defects found by Medical Inspection in the Year ended 31st December, 1960
DIVISIONAL EXECUTIVES

		Periodic Inspections																					
		Entrants						Leavers															
Defect Code No.	Defect or Disease	Requiring Treatment			Requiring observation			Requiring Treatment				Requiring observation											
		Divisional Executive						Divisional Executive						Divisional Executive									
		North-west	North-east	Mid- Derbyshire	South-east	South	Cheshire	North-west	North-east	Mid- Derbyshire	South-east	South	Cheshire	North-west	North-east	Mid- Derbyshire	South-east	South					
4	Skin ..	90	55	12	5	15	11	61	8	4	12	19	32	36	19	36	19	9	12	8	1	10	87
5	Eyes- <i>a.</i> Vision	74	275	12	58	47	25	84	151	19	24	119	22	254	111	254	111	41	86	27	23	2	334
6	<i>b.</i> Squint	35	107	19	20	29	24	15	47	10	18	30	9	3	10	3	3	8	5	6	6	1	17
	<i>c.</i> Other	..	14	3	3	12	5	4	5	4	4	2	5	2	-	2	2	1	1	2	5	3	14
	Ears- <i>a.</i> Hearing	2	12	2	1	27	-	17	20	11	17	27	10	1	1	1	1	7	11	3	6	4	4
7	<i>b.</i> Otitis Media	2	21	2	4	12	6	26	32	18	14	36	23	3	3	3	6	9	8	7	6	8	20
	<i>c.</i> Other	2	6	1	1	14	2	22	4	1	10	17	70	-	4	1	1	1	1	2	2	5	55
	Nose and Throat	34	87	21	21	58	27	109	56	49	78	171	99	6	3	13	36	36	40	19	30	21	25
8	Speech	6	8	7	-	15	8	11	49	11	7	12	3	1	1	1	5	1	1	1	1	2	8
9	Lymphatic Glands	..	1	1	1	4	-	42	30	9	33	44	52	2	-	2	5	5	2	2	2	1	10
10	Heart ..	5	3	-	1	3	3	19	36	7	22	24	2	-	-	-	1	12	10	10	25	8	25
11	Lungs ..	4	36	8	3	18	28	34	128	27	72	81	51	7	3	7	17	16	15	15	22	13	20
12	Developmental— <i>a.</i> Hernia	4	14	6	2	10	1	17	22	5	3	6	3	1	1	1	2	2	-	-	-	-	4
13	<i>b.</i> Other	6	15	2	2	5	3	7	36	2	21	29	19	1	-	1	-	-	1	1	2	14	12
	Orthopaedic— <i>a.</i> Posture	13	1	-	3	4	2	5	9	1	6	17	4	-	1	-	2	12	6	6	5	7	25
	<i>b.</i> Feet	32	19	9	4	21	3	45	53	38	15	50	36	12	7	11	54	30	16	16	2	8	103
14	<i>c.</i> Other	1	23	7	6	19	11	30	73	16	44	40	36	9	7	5	10	26	19	19	3	10	19
	Nervous System— <i>a.</i> Epilepsy	1	8	1	4	2	1	1	11	1	2	1	-	1	-	2	3	2	1	1	2	-	-
	<i>b.</i> Other	..	4	1	1	2	-	1	11	3	9	18	2	3	3	7	1	3	3	-	3	1	4
15	Psychological— <i>a.</i> Development	-	10	3	2	5	-	8	23	4	10	20	1	-	1	-	8	2	3	3	5	2	8
	<i>b.</i> Stability	3	20	3	2	5	5	20	54	8	8	14	108	3	3	17	4	7	-	-	3	1	18
	Abdomen ..	1	4	-	1	1	3	16	12	1	8	4	9	1	2	2	8	2	-	-	2	2	9
17	Other..	-	55	10	8	28	18	21	42	21	20	27	55	8	5	21	9	14	15	15	3	8	127

Defects found by Medical Inspection in the Year ended 31st December, 1960
DIVISIONAL EXECUTIVES (continued)

Defect Code No.		Defect or Disease		Periodic Inspections														Totals	
				Others							Requiring Treatment								
				Requiring Treatment							Requiring observation								
				Divisional Executive							Divisional Executive								
		North-west	North-east	Mid- Derbyshire	South-east	South	Chesterfield	North-west	North-east	Mid- Derbyshire	South-east	South	Chesterfield	North-west	North-east	Mid- Derbyshire	South-east	South	Chesterfield
4	Skin ..	46	14	14	2	21	44	17	17	4	1	7	27	168	105	45	16	84	122
5	Eyes— <i>a.</i> Vision ..	281	199	64	76	139	84	76	112	40	50	52	350	547	728	187	263	336	148
	<i>b.</i> Squint ..	45	16	1	9	18	4	9	18	2	2	4	23	99	126	30	51	65	34
	<i>c.</i> Other ..	22	2	1	7	6	16	1	3	2	—	2	17	29	18	4	17	24	23
6	Ears— <i>a.</i> Hearing ..	2	3	—	36	1	5	36	4	16	2	20	13	5	16	3	2	66	6
	<i>b.</i> Otitis Media ..	9	5	6	36	1	11	36	18	12	3	7	5	15	29	11	7	24	23
	<i>c.</i> Other ..	2	1	—	2	17	5	2	2	2	—	3	54	6	7	1	2	42	10
7	Nose and Throat ..	13	11	2	129	19	28	129	146	11	7	57	70	53	101	27	29	90	68
8	Speech ..	31	2	1	30	1	36	30	11	2	3	8	9	39	11	8	6	17	47
9	Lymphatic Glands ..	4	2	—	25	—	2	25	35	2	2	8	31	4	3	1	5	6	3
10	Heart ..	—	1	—	30	3	10	30	13	9	6	17	18	5	4	—	2	14	15
11	Lungs ..	3	6	5	42	14	41	42	37	12	9	19	39	8	49	16	8	45	76
12	Developmental— <i>a.</i> Hernia ..	4	2	—	14	1	—	14	6	3	1	—	2	8	17	7	3	12	2
	<i>b.</i> Other ..	4	—	—	15	13	4	15	16	6	4	14	40	11	16	2	4	19	10
13	Orthopaedic— <i>a.</i> Posture ..	11	—	—	35	13	38	35	18	6	5	20	19	38	1	1	12	23	42
	<i>b.</i> Feet ..	18	3	4	60	41	10	60	38	4	1	21	66	62	25	20	15	91	24
	<i>c.</i> Other ..	60	12	1	52	20	15	52	92	17	4	8	20	67	44	15	13	48	31
14	Nervous System— <i>a.</i> Epilepsy ..	8	1	2	18	4	14	18	1	2	—	1	2	12	10	3	8	9	17
	<i>b.</i> Other ..	—	1	1	2	—	7	2	8	6	—	14	4	2	8	2	3	6	14
15	Psychological— <i>a.</i> Development ..	—	4	2	53	32	—	53	11	4	4	4	107	—	14	6	2	39	—
	<i>b.</i> Stability ..	—	—	2	31	—	77	31	4	5	4	9	97	4	23	5	4	13	99
16	Abdomen ..	1	2	1	16	6	5	16	2	1	—	5	12	3	8	2	3	8	10
17	Other..	13	8	14	59	18	19	59	21	11	12	28	110	14	71	29	18	62	88

Defects found by Medical Inspection in the Year ended 31st December, 1960

DIVISIONAL EXECUTIVES (*continued*)

Defect Code No.	Defect or Disease	Special Inspections											
		Requiring Treatment						Requiring observation					
		Divisional Executive						Divisional Executive					
		North-west	North-east	Mid- Derbyshire	South-east	South	Chesterfield	North-west	North-east	Mid- Derbyshire	South-east	South	Chesterfield
4	Skin	78	12	3	37	13	112	3	23	—	2	—	11
5	Eyes— <i>a.</i> Vision ..	16	180	8	14	34	151	11	207	6	7	17	198
	<i>b.</i> Squint ..	2	14	—	4	9	7	1	8	—	3	1	6
	<i>c.</i> Other ..	1	5	—	2	1	54	—	1	—	2	3	17
6	Ears— <i>a.</i> Hearing ..	—	5	1	4	4	8	5	10	4	8	4	28
	<i>b.</i> Otitis Media ..	—	7	—	1	2	10	3	23	—	4	4	2
	<i>c.</i> Other ..	3	2	—	3	1	10	—	3	—	2	2	17
7	Nose and Throat ..	2	21	1	5	14	18	11	90	5	10	37	32
8	Speech ..	—	5	—	2	6	12	2	18	—	—	1	5
9	Lymphatic Glands ..	—	1	—	—	1	—	7	23	1	8	—	26
10	Heart	1	5	—	—	1	1	3	27	1	26	3	3
11	Lungs	2	11	—	8	7	22	3	51	1	20	8	11
12	Developmental—												
	<i>a.</i> Hernia ..	—	6	—	2	1	1	1	8	—	—	—	—
	<i>b.</i> Other ..	2	4	—	—	4	5	—	25	—	5	—	3
13	Orthopaedic—												
	<i>a.</i> Posture ..	5	—	—	3	—	2	—	4	—	—	4	2
	<i>b.</i> Feet ..	6	8	1	11	3	12	6	14	—	—	7	12
	<i>c.</i> Other ..	2	11	—	3	5	6	38	16	—	5	7	10
14	Nervous System—												
	<i>a.</i> Epilepsy ..	1	5	—	4	2	6	1	12	—	1	—	1
	<i>b.</i> Other ..	—	5	—	—	—	11	—	2	1	1	1	1
15	Psychological—												
	<i>a.</i> Development ..	—	1	1	—	5	—	1	9	2	32	1	13
	<i>b.</i> Stability ..	1	9	1	1	6	38	2	12	1	5	1	9
16	Abdomen	—	—	1	4	1	3	1	6	2	1	1	4
17	Other	—	19	1	1	9	67	2	31	1	5	2	26

PART III

Treatment of Pupils attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of Cases known to have been dealt with						
	Divisional Executive						Total
	North-west	North-east	Mid-Derbyshire	South-east	South	Chester-field	
External and Other, excluding errors of refraction and Squint	16	2	9	14	53	57	151
Errors of refraction (including Squint)							8,965*
Totals							9,116*
Number of Pupils for whom Spectacles were Prescribed							7,067*

* (It is not possible to "Divisionalise" these figures).

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

Received Operative Treatment :—							
(a) for diseases of the ear ..	—	1	—	1	1	4	7
(b) for adenoids and chronic tonsilitis	50	36	19	94	57	166	750
(c) for other nose and throat conditions	—	1	1	1	3	7	13
Received other forms of treatment	4	2	—	36	9	65	116
Totals	54	368	20	132	70	242	886
Total number of pupils in schools who are known to have been provided with hearing aids :—							
(a) in 1960	2	—	2	—	—	4	8
(b) in previous years	4	1	5	1	1	8	20

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Pupils treated at Clinics or out-patients departments	180	12	85	206	199	261	943
(b) Pupils treated at School for postural defects ..	—	—	—	—	—	40	40
Total	180	12	85	206	199	301	983

TABLE D—DISEASES OF THE SKIN
(excluding uncleanness, for which see Table D of Part I)

	Number of cases known to have been treated						
	Divisional Executive						Totals
	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	
Ringworm—(a) Scalp ..	—	—	—	—	—	—	—
(b) Body ..	—	—	—	—	—	1	1
Scabies	1	—	—	—	—	—	1
Impetigo	4	—	—	11	—	9	24
Other Skin Diseases ..	63	—	—	—	8	197	268
Totals	68	—	—	11	8	207	294

TABLE E—CHILD GUIDANCE TREATMENT

Pupils treated at Child Guidance Clinics	74	114	67	106	97	155	613
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TABLE F—SPEECH THERAPY

Pupils treated by Speech Therapists	13	8	7	7	67	180	282
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TABLE G—OTHER TREATMENT GIVEN

(a) Pupils with minor ailments	667	38	—	117	69	461	1,352
(b) Pupils who received convalescent treatment under School Health Service arrangements ..	—	—	—	—	—	—	—
(c) Pupils who received B.C.G. vaccination ..	—	—	—	—	—	—	6,808
(d) Other than (a), (b) and (c) above (specify) :— Sunray treatment ..	—	—	—	—	—	180	180

PART IV

Dental Inspection and Treatment carried out by the Authority

	North west	North east	Mid- Derby- shire	South east	South	Ches- ter- field	Totals
(1) Number of pupils inspected by the Authority's Dental Officers:—							
(a) at periodic inspections ..	1,701	13,236	93	760	671	1,736	18,197
(b) as specials	62	1,468	175	139	1,662	2,127	5,633
TOTAL (1)	1,763	14,704	268	899	2,333	3,863	23,830
(2) Number found to require treatment	1,262	11,560	187	689	2,014	3,362	19,074
(3) Number offered treatment ..	1,181	9,014	178	581	1,872	3,127	15,953
(4) Number actually treated ..	575	5,835	170	424	1,648	2,503	11,155
(5) Number of attendances made by pupils for treatment, <i>including</i> those recorded at heading 11(h) below	1,257	11,458	268	615	2,641	4,246	20,485
(6) Half-days devoted to:							
Periodic (School) Inspection ..	15	100	1	5	7	15	143
Treatment	262	1,565	—	44	311	640	2,822
TOTAL (6)	277	1,665	1	49	318	655	2,965
(7) Fillings :—							
Permanent Teeth	1,647	5,094	81	209	928	984	8,943
Temporary Teeth	469	473	—	—	7	154	1,103
TOTAL (7)	2,116	5,567	81	209	935	1,138	10,046
(8) Number of teeth filled :—							
Permanent Teeth	1,366	4,541	75	173	736	959	7,850
Temporary Teeth	456	455	—	—	7	153	1,071
TOTAL (8)	1,822	4,996	75	173	743	1,112	8,921
(9) Extractions :—							
Permanent Teeth	172	2,002	59	214	815	1,315	4,577
Temporary Teeth	194	6,095	194	544	2,141	2,244	11,412
TOTAL (9)	376	8,097	253	758	2,956	3,559	15,989
(10) Administration of general anaesthetics for extraction	—	1,890	131	349	1,425	1,533	5,328
(11) Orthodontics :—							
(a) Cases commenced during the year	—	64	—	2	3	9	78
(b) Cases carried forward from previous year	—	—	—	—	—	—	54
(c) Cases completed during the year	—	66	—	1	6	3	76
(d) Cases discontinued during the year	—	5	—	—	—	4	9
(e) Pupils treated with appliances	—	66	—	2	3	7	78
(f) Removable appliances fitted	—	71	—	3	3	10	87
(g) Fixed appliances fitted	—	—	—	—	—	—	—
(h) Total attendances	—	452	—	12	22	73	559
(12) Number of pupils supplied with artificial dentures	—	62	1	1	5	34	103
(13) Other operations :—							
Permanent Teeth	38	2,015	4	15	54	248	2,374
Temporary Teeth	10	1,232	10	4	180	53	1,489
TOTAL (13)	48	3,247	14	19	234	301	3,863

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